Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 25501 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month RINGULESCU LOUIS 6:50 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death KERNAN HOSPITAL BALTIMORE BALTIMORE CITY If Under 1 Year if Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) 1₽M 2□F Days Months Hours DEC.10,1907 NEW YORK 89 092-10-5366 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits BALTIMORE 1 ☐ Yes 2 No BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21208 USA 4721 PARMELEE RD. 11. Marital Status 12. Wes Decedent Ever In U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Armed Forces Black, White, etc. 1 ☐ Yes 2 XXo 1 Never Married 2 Merried WHITE 1 ☐ Yes 2 ☐ No Specify: Specify 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) Coilage (1-4or 5+) 12 STATISTICIAN SOCIAL SEC. ADMN. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) RINGULESCU SARAH **ELMAN ISADORE** 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BARRY J. RING (SON) 3419 COURTLEIGH DR. BALTIMORE, MD 21244 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 8/1/97 OHEB SHALOM MEM. PARK REISTERSTOWN, MD Funeral Service Licens 22. Name and Address of Facility & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiretory arrest, shock, or haart tailura. List only one cause on each line. Approximete intervel Between Onset and Death PNEUMONIA Immediate Causa (Final diseasa or condition resulting in daath) Due to (or as a consequance of): 1 MONTH EREBRO - VASCULAR ACCIDENT Due to (or as a consequence of) Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 20 No 1 ☐ Yes 2 ☐ No 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify)

**Physician** /Medical Examiner

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To the Hospital o within 24 hours at To the Funeral Di

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P.O.

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Division of Vital

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/Medical

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**Funeral** 

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r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

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filed within 72 hours after

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permit. Pages 1 and 2 should be filed i Department of Health and Mental Hygic Important: If Item 27 Is marked other i any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

Sequantially list conditions, if any, laading to immediate ceusa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Physician/Medical ŝ 2

21. Signature of

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Certification:

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25. Was cese refarred to medicei axaminer?

27. Mannar of Death 1 Natural

2 Accidant 3 ☐ Suicide 4 ☐ Homicide

29a. Certifier

5 Pending investigation 6 Could not be

1 Certifying Phyaiclan: To the best of my knowledga, death occurred at the time, date and pieca, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to tha cause(s) and mannar stated.

28a. Data of injury (Month, Day Year)

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how injury occurred

29b. Signeture and title of certifier

NUD

29c. License number

28c. Injury at Work?

1 Yes 2 No

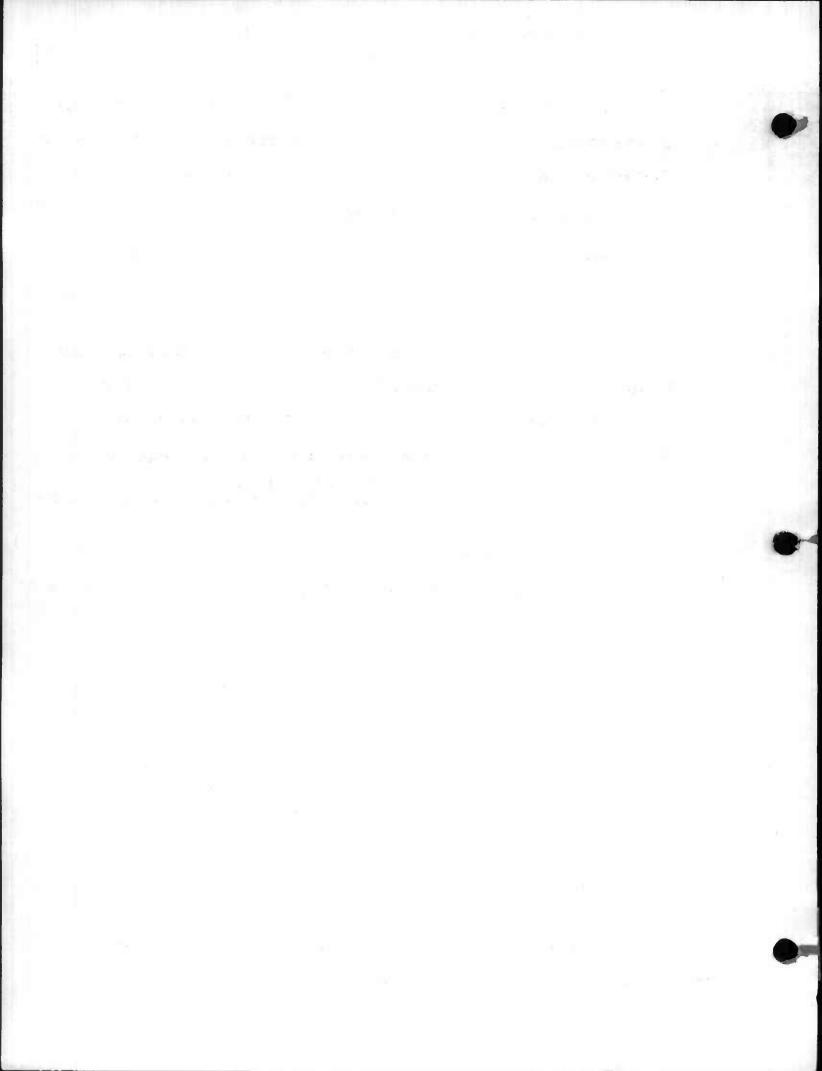
29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of daath (item 23a) (Type, Print) J.L. KERNAN MOSPITAL



BALTIMORE

State Registrar



_	460					Cei	tificate of	Death		Reg	. No.		
	Physic	ian	Decedent's Name (First, Middle,	Last)					2. Date of Month		Day	Year	3. Tima of Death
ч	/Medi		Lillian			OTH			Augu		20, 19		10:24 am
	Exami	ner	4a. Facility Name (If not institution,						or Location of E	eath	4c. County		
			Franklin Squar				William A Vo	Rose			Ba1	timo	
ě.	Funeral Director		5. Social Security Number 213–34–6000 Usual Residence of Decedent	. Sex 7. A	ge (In yrs. last b <b>82</b>	Yrs.	If Under 1 Year Months Days		Min. 8. Date of (Month) Oct.	, Day, Y			lace (State or Foreign try) pland
	inylan		10a. State 10b. County		10c. City, To		cation					1	0d. Inside City Limits
	8a-f	cto	Maryland Baltimo	re	Esse	X							1 ☐ Yes 200 No
	s 1 and 2 should be filed within 72 hours efter death with the Maryland if Health end Mental Hygiena. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	Funeral Director	313 Homberg Aven	ue			10f. Zip Code 2122	21		_	. Citizen of \J.S.A.	What Coun	try?
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215-0020	ours efte	by	1 ☐ Never Married 2 ☐ Married 3 ☆ Widowad 4 ☐ Divorced	1 ☐ Yes 2 🔀 If Yes, Give Yeer or Dates:	No		l□Yes 2XINo				Specify		nite
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altimore,	00		20e. Method of Disposition 1	□Removal from State	20b. Place cemet	of Dispo	sition (Name of natory or other pla		Date		c. Location -	City or To	wn, State
E	permit. Pag Department Important: If any injury o		4 Donation 5 Dother (Spe		Oak La		Cemetery		/23/199	7 B	altim	ore C	o., Md.
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Division	2570	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	d 289. Placa of in	jury - At home, f lc. (Specify)	arm, str	treet, fectory, offica  28f. Location (Street end Number or Rural City or Town, State)			l Route Number,			
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death Item: 26 per MD G-750 8/22/97 dh 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** AUG. 16°. 1997 **GEORGE** RHONE JR. 5:00 PM NATHANIEL /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 3302 DE 5. Sociel Security Number BALTIHORE DEVONSHIRE DRIVE H Under 1 Yeer H Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthplace (State Country) 4 UG. 31, 1945 MARYLAND 6. Sex 1 XM 2 ☐ F 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 51 Yrs Director UNKNOWA Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 Yes 2 No BALTIHORE CITY Director MARYLAND 10e. Street end Number 10f. Zip Code 10g. Otizen of What Country? 3302 DEVONSHIRE DRIVE 21215 USA Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Merried 1□ Yes 2XNo Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Haalith and Mental Hygiena. important: If item 27 is marked other than "na eny injury or other traumatic event, the Meda. 2008. Elementary/Secondary (0-12) College (1-4or 5+) LONG SHOREMAN 9+H GRADE MD. DRY DOCK 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be RHONE GEORGE GRACIE 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3302 DEVONSHIRE DR. BALTIHORE, HD. 21215

20c. Location - City or Town, State BEVERLY WALLACE SISTER) 20a. Method of Disposition

12 Buriai 2 Cremetion 3 Removal from State 20b. Placa of Disposition (Name of cametery, crematory or other place) Date CEMETERY 8-20-97 BALTLHORE, MARYLAND 216 N 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P 2140 N. FULTON AVENUE, BALTIMORE, 21217 23a: Part 1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each in e. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in deeth) Last attending physician for use as the buria Physician/Medical Due to (or as e consequenca of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by d 1 Yes 2 No 3 D Tobably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peen s has 1 Yes 2 TNo 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Was case referred to medical Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Stesidence P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 6 ☐Other (Specify) After this 28a. Dete of Injury (Month, Day Year) Certification: 27. Manner of Death 28c. injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Natural 5 Pending To the Hospitan complete within 24 hours after death.

To the Funeral Director: After a filled in by the filled in by the filled in the filled 1 ☐ Yes 2 ☐ No death. investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and mannar as stated. 29a. Certifier Medical (Check only one) 2 Madical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 294) (Type, Print) ANURADHA 530 NHILTON Street I

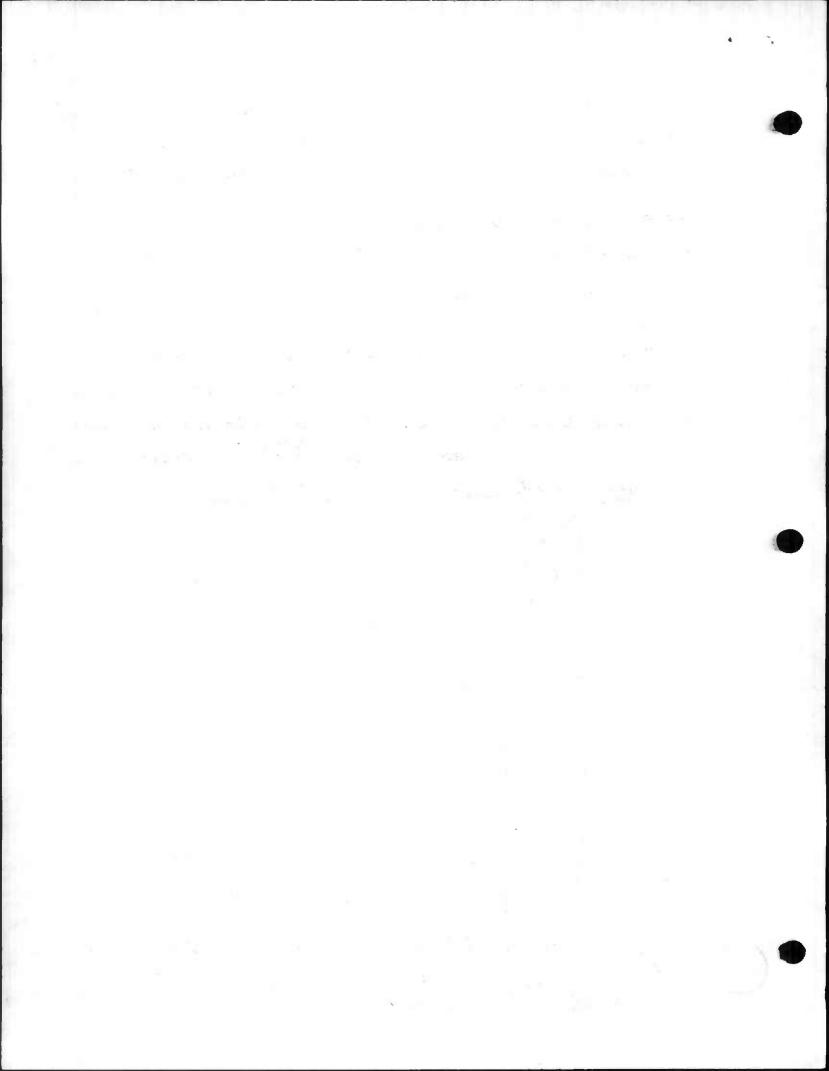
State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signeture la Davidson Rondall

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State of Maryland / Department of Health and Mental Hygiene 07 25501.

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		\	GUSANDOLVIN RLEE	m D	Uni	VOF	MD 165	p. B	A250.	MI	)		
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item26 8-22-97 FilmG750 W.H.Per Doctor Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** SHAPIRO SULVIA 11:55 Pm Lugust 17 1997 /Medicai 4b. City, Town, or Location of Ceath 4a. Facility Name (If not Institution, give street end number) 4c. County of Death Examiner Howard County General Hospital Howard | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | SEP 10, 1913 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthpiaca (Stete or Foreign Country) **Funeral** 1□M 2ਊF 142-12-2354 83 Y<sub>rs</sub> Director N.J. Usuat Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland nent of Health and Mental Hygiena.

Int: If Item 27 is marked other than "natural", or items 23s or 28s-1 show any or other traumatic event, the Medical Examinar must be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits N.J. CUMBERLAND 1 ☐ Yes XX No VINELAND Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 08360 U.S.A. 321 MONTROSE STREET Funeral 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Yas 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□Yes 2√2No þ Specify: WHITE 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotiege (1-4or 5+) 12th HOME MAKER OWN HOME 17. Father'a Name (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Sumema) WILLIAM ROSENFELD GUSSIE KLEIN 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6013 MISTY ARCH RUN COLUMBIA MARYLAND 21044 WILLMA INY (NIECE) 20b. Ptace of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata permit. Pages Department of Important: If it any injury or o XXBurial 2 Cremation 3 Removal from Stata 4 □ Donation 5 □ Other (Specify) 8/19/1997 NORMA NEW JERSEY ALLIANCE CEMETERY 22. Name and Address of Facility
WITZKE FUNERAL HOME, INC. OF COLUMBIA 21. Signature of Euneral Service Licensea 5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND 21045 23e. Part1. Enter the disease, or complications that raused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each lina. Approximata tritervat Between Onset and Death Physician /Medical tmmediate Cause (Finat disease or condition resulting in death) Carewony Mow ths. Examiner Due to (or as a consequence of) Examiner physician and the burial-transit Sequentially tist conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieled events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) 88 980 signed by the a d be detached f Part It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yee 25 No 3 Probably 4 Unknown þ 24e. Wes en autopsy performed? 24b. Were autopsy findinga available prior to completion of cause of death? Completed page 2 s 1 Yes WNo certificate 1 ☐ Yes 2 ☐ No funeral director. 25. Was case referred to medicat examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 25 No Tompatient (25 ER/Outpatient) 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. tnjury at Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation PONaturat Attending or Attending after death. Director: After 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Ptace of tnjury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homicide Mospital of 24 hours a Funeral D 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as steted.

2 Medical Exampler: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical

State Registrar

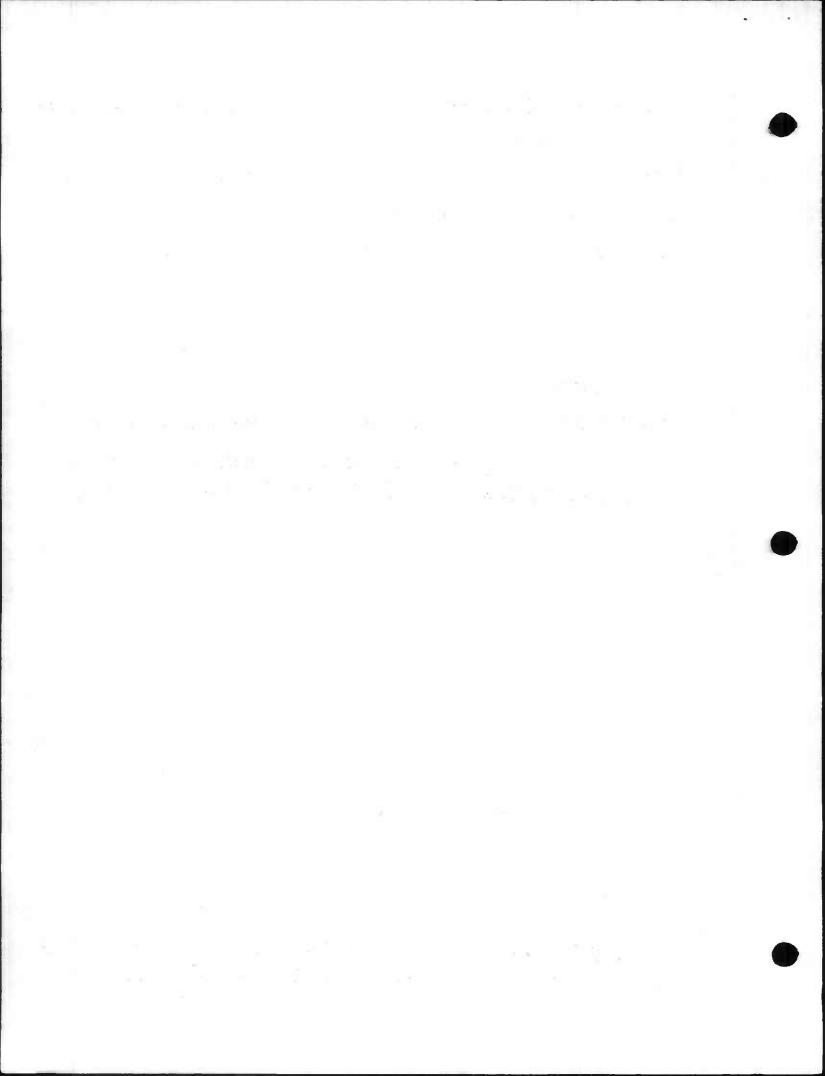
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30. Name and address of person who completed cause of death (ttem 23e) (Type, Print)

29b. Signature and Hits of o

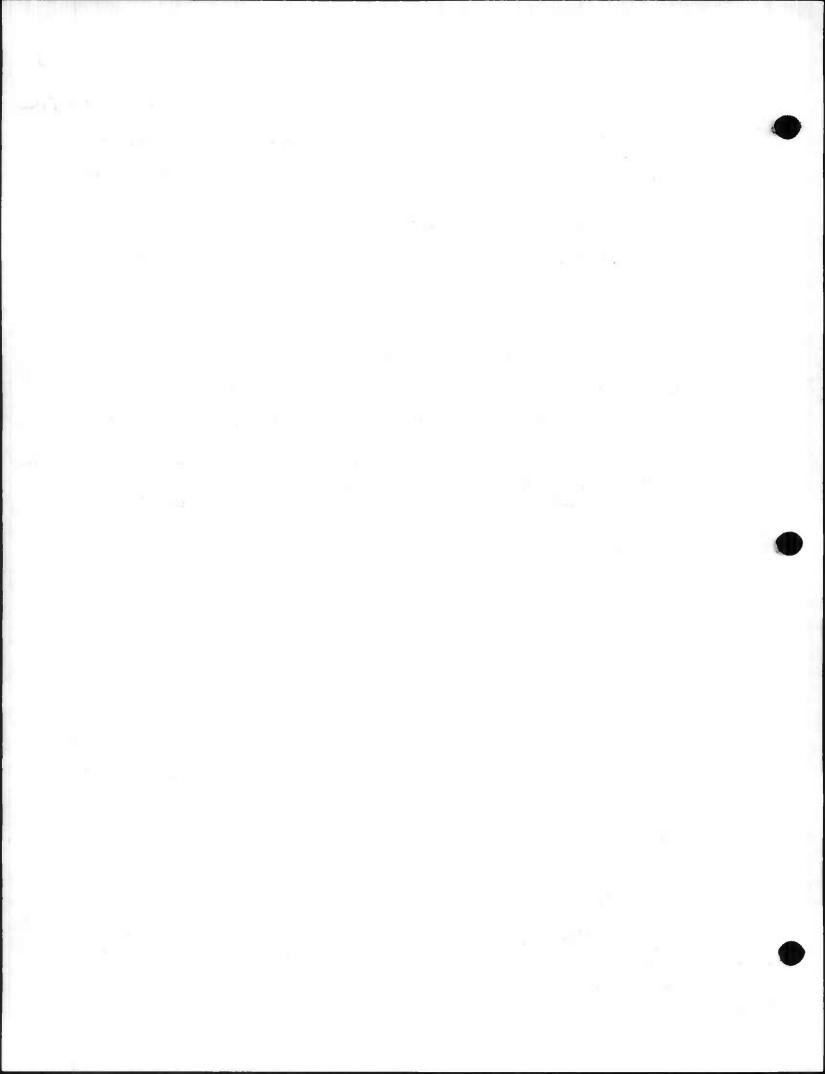
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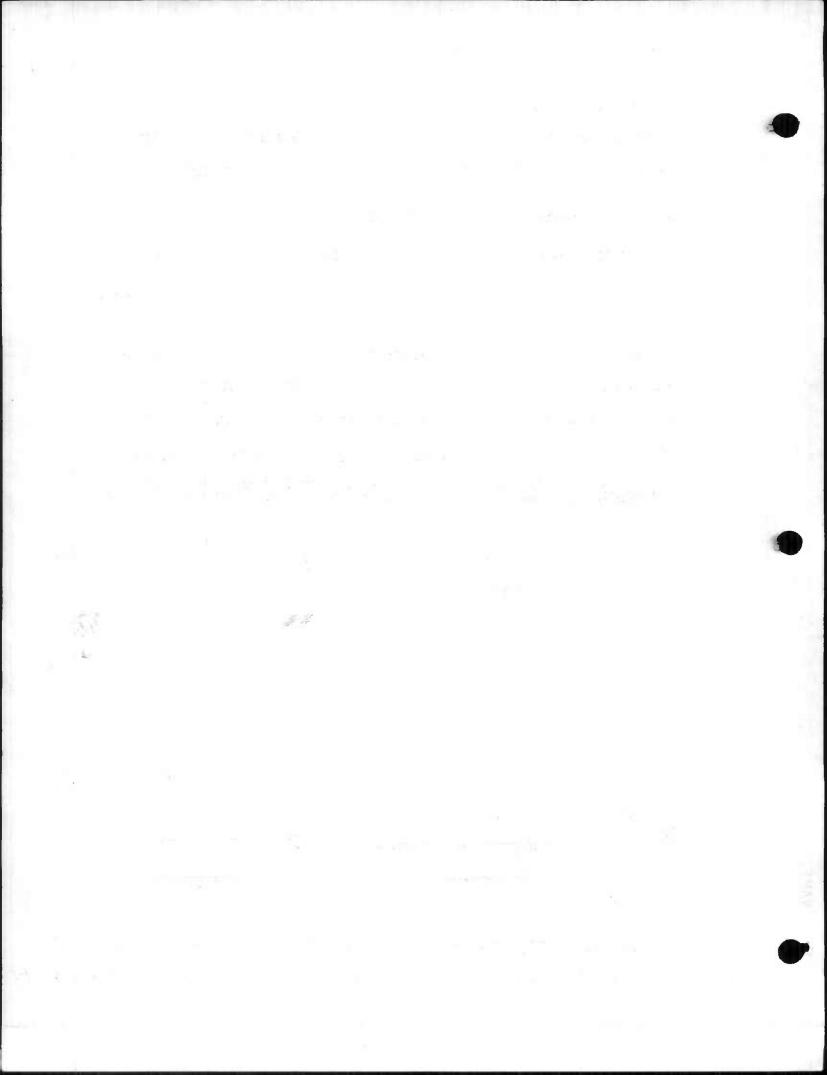


State of Maryland / Department of Health and Mental Hygiene 97 25506

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/Med		FRANCES C. SCHN	EIDER				AUGUST	T 12	1997 15:2	
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and **		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tox	wn or Location				10d, toside City L	
Mary	to	MD BALTIMORE CATONSVILLE						1 D		
h the	Director	10e. Street and Number			10f. Zip Code			Whet Country?		
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Baltimore, permit. Pages 1 ar Department of Hea Important: If New 3 any Injury or other		4 ☐ Donetton 5 ☐ Other (Special Signature of Funerel Service Lice		WOODI	22. Name end Add STERLING 736 EDMON	ress of Fecility ASHTON FU	JNERAL HO	OME, INC	· · · · · · · · · · · · · · · · · · ·	
8760, ata be executed hysician and the bunal-transit	dical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c	Due to (or es e	nemory of consequence of):					
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ivision of Vital Records, P.O. Box 6 retrending Physician: The law requires that the death certificate has been signed by the attending to the funeral director, page 2 should be detached for use as	edical Certification: To Be Completed by	25. Wes case referred to medical examiner?  1 Ves 2 No  27. Manner of Deeth 1 Natural survestigating investigating determined 2 Accident determined 2 Homicide Could not determined	Hospital: 1 Vinpatle 28a. Date of Inju (Month, De) be de 28a Place of Inju be place of Inju	ant 2 ER/O  If y Year)  28b.  Ury - At home, f.  (Specify)  Of my knowledg f examination ar	Dutpetient 3 DOA Community 28c. Injury 11	26. Piece of De ther: 4 \( \text{Nursing} \) ury et ork? \( \text{Yes} \) 20 No	24e. Wes performent of the performance of the perfo	en eutopsy med?  Tes 2 No  Tes 2 No	24b. Were eutopsy finding eveilable prior to completion of caus of deeth?  1  Yes 2 No  ner (Specify)  red  per or Rurel Route Number,	
of Vital Records, P.O. Box 6 Physician: The law requires that the death certific this certificate has been signed by the attending praid director, page 2 should be detached for use as	Certification: To Be Completed by	25. Wes case referred to medical examiner?  1  Yes	Hospital: 1 Inpette  28a. Date of Inju (Month, De)  be 28a Place of Inju duiding, etc  by patclan: To the basis of  milner: On the basis of	ant 2 ER/O  If y Year)  28b.  Ury - At home, f.  (Specify)  Of my knowledg f examination ar	Dutpetient 3 DOA Carrier of Injury 11 arm, street, factory, office the nd/or Investigation, in my 29c. Lice	26. Piece of De ther: 4 Nursing l ury et ork? Yes 22 No etime, date and piec opinion, deeth occ use number	24e. Wes performent of the control o	en eutopsymed?  (es 2 No ne) lence 6 Oth ow Injury occur  Circet and Numb m, State)  cause(s) and ma date and place, 229d. Date signe-	24b. Were eutopsy finding eveilable prior to completion of caus of deeth?  1  Yes 2 No  ner (Specify)  red  per or Rurel Route Number,	

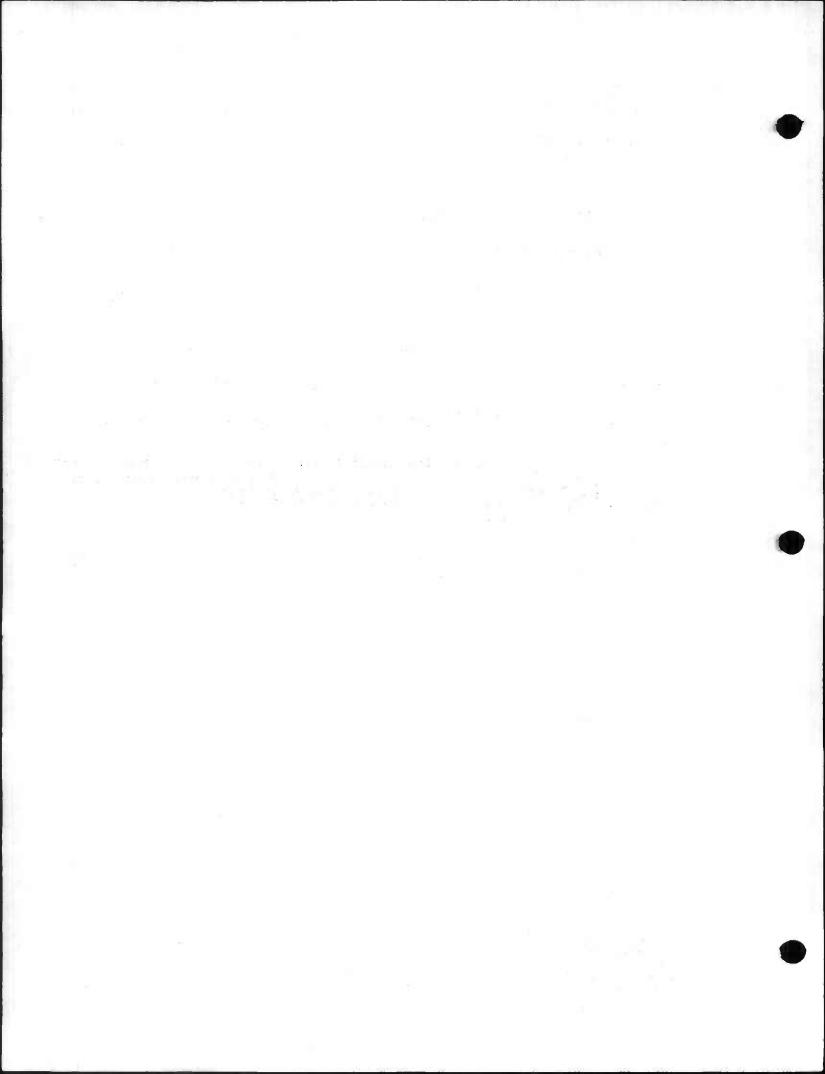


State of Maryland / Department of Health and Mental Hygiene

25508 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Vee **Physician** Month Louise Elvira Smith August 16, 1997 7:05 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 5917 Old Frederick Road Catonsville Baltimore If Under 1 Year | If Undar 24 Hrs. 5. Social Security Number Birthplaca (Stata or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days Hours 1 ☐ M 2 🔀 🌪 96 219-38-9906 Yrs. Director Md. March 29, 1901 Usual Residence of Decedant the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at Md. Baltimore Catonsville Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 5917 Old Frederick Road 21228 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ₹D¶0 If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours aftar 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: Black Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) lith and Mental Hygiene. 27 Is marked other than "r traumetic event, my Med Elementary/Secondary (0-12) Coilege (1-4or 5+) 7th Domestic Engineer Private Employer 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Peges 1 and 2 should be 1 nant of Haalth and Mental I int: If Item 27 Is marked of Thomas Butler Emma Sheppard Hopkins 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alice Fleming 5917 Old Frederick Road Baltimore, Md. 21228 filem 2. other t 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from State permit. Pege Department of Important: If any injury or once. = 5 4 ☐ Donation 5 ☐ Other (Specify) Arbutus Memorial Park Aug 22nd Baltimore County, MD 21. Signature of Funeral 3 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Pkwy Baltimore, MD 21216 mar d the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Bety Onset and Death Physician /Medical Immediate Cause (Final diseasa or condition resulting in death) Examiner Examiner The law requires that the death certificete be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical the Due to (or as a consequence of) 88 esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. detached 23b. Dfd tobacco use contribute to the cause of death? overmicate has been signed by director, page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown Records, 4 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 1 Yas 2 No Vital 1 TYas 2 No Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 SesIdance 6 Other (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA of this the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Division ector: After 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by To the Hospital or A within 24 hours appr To the Futteral Oirec 4 I Homicide To Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(a) and manner stated. 29a. Cartifier Medical Stely 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) D34551 30. Narge and address of person who complated cause of death (Itam 23a) Type, Print)

Name of the second se 31. Date filed (Month, Day, Year) AUG 2 2 1997 Registrar's Signature State Registrar



28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

POSOWAY

Ision

Attending Physician: in by the ector:

State

(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture end title of certifier

6 Could not be determined

3 Sulcide

29a. Certifier

cai

4 Homicide

29c. License number

29d. Dete signed (Month, Dey, Year)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

RTJO TALBOT 40 - MD

auxite the

O.C.M.E.

AUGUST 14,1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

A-KORITH WW 111 Penn Street, Baltimore, Maryland 21201

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(e) and menner es steted.



After Division Attending death.

Σ

EDGAR

Item8 8-26-97 FilmG750 W.H.Per F/H Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician EDGAR** SILBERG 18 97 August 8:35 p.m /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** HOWard, MD. FOIL 110 W22

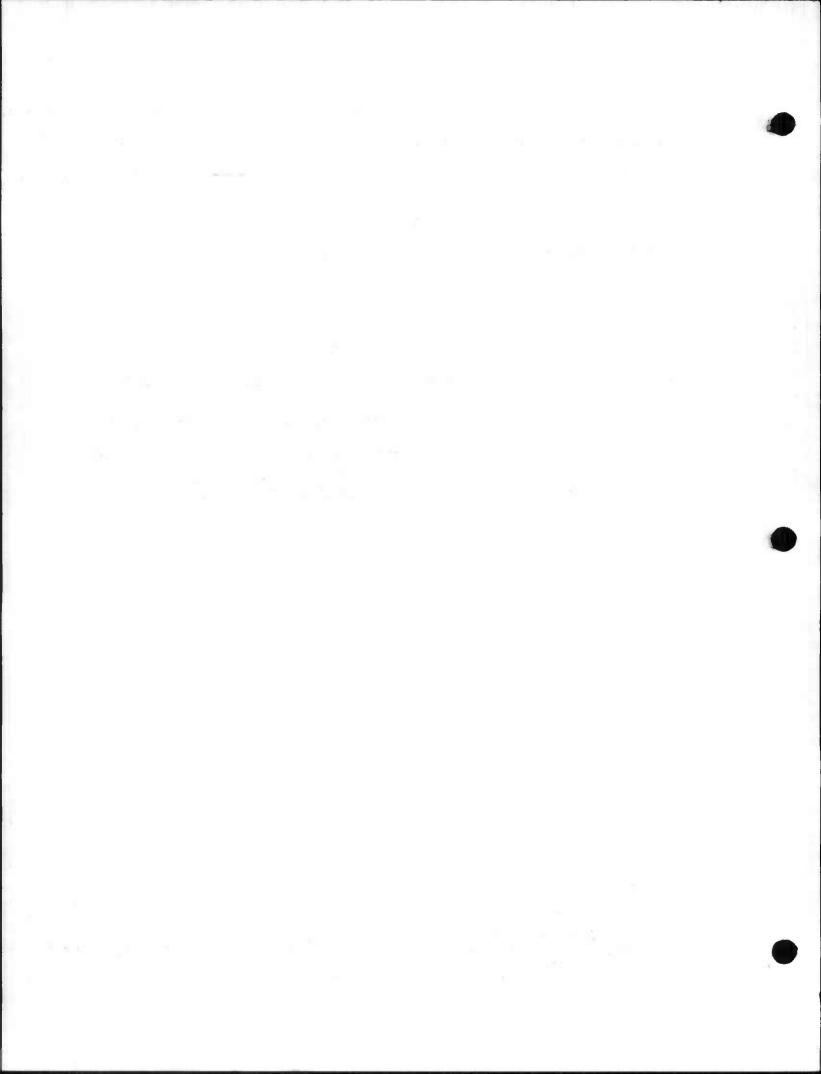
n yrs. last birthday) Hunder 1 Year If Under 24 Hrs. 8. Dete of Birth Dey, Year)

Months Devs Hours Min. App. Dey, Year) Center, Medical FT Baltimore 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 220-01-0331 Director 78 Aug/22/19 Baltimore, MD Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at 10d. inside City Limits 1 ☐ Yes 2 No Director BALTIMORE MD BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7302 ROCKRIDGE RD. 21207 USA death v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 Ves 2 No Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien. Bieck, White, etc. filed within 72 hours after 1 Never Merried 2 Merried Specify:WHITE 21215-0020 1 ☐ Yes 2 ☐ No Specify: If Yes, Give Yeer or Detes: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiena. Elemantery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wit Department of Heath and Mental Hyglene Important: If Itam 27 is marked other tha any Injury or other traumatic event, the SDRSE. PHARMACIST DRUG STORE Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be LOUIS SILBERG FRANCES GOLDSTEIN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SYLVIA SILBERG (WIFE) 7302 ROCKRIDGE RD. BALTO., MD 21207 20b. Pieca of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State OHEB SHALOM MEM. PARK 8/20/1997 REISTERSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Juneral Service Licansea 22SOL LEVINSON BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Death Physician /Medical Immediate Cause (Finel SEPTICIMIA disease or condition resulting in deeth) Examiner Due to (or es e consaquenca of): Examiner ENDOCARDITIS physician and s the burial-transit law requires that the death certificate be axecuted Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Box 68760. CERVICAL MYLOPATHY Physician/Medicai Due to (or es e consequence of) USB as attending for use as FEET ULCER P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown signed b Records, ģ icata has been sign, paga 2 should b 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes an autopsy 1 Yes 2KI No 1 Yes 2 No Be 25. Was case referred to medical 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 Tinpatient 2 ER/Outpetient 3 DOA 27. Manner of Death 28e. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturel To the Hospital or Attandir within 24 hours after death. To the Funeral Director: Al completely filled in by the fu 1 Yes 2 No 2 Accident 3 ☐ Sulcide 8 Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Piece of Injury - At home, ferm, straat, fectory, office building, etc. (Specify) 4 Homicide edical 29a. Certifian 10 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end pieca, end due to the causa(s) and manner as steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the causa(s) end menner steted. (Check only 29b. Signature and title of pertities 29c. License number 29d, Dete signed (Month, Day, Year) ordan mo when 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) ARASTOO YAZDANI 9600 M.D. NORTH POINT ROAD, FT. HOWARD, MD.2105:

34 Hogisty is Signature Tandell

**DHMH 16 Rev 6/95** 

State Registrar 31. Data filed (Month, Day, Yaer) AUG 2 2 1997



				Maryland / D		ficate of			Reg. No.	f to	3011
П	Physici /Medic		Decedent's Name (First, Middle, Last)     ABRAHAM		S	CHWARTZ	MAN	2. Dete of Dec Month AUGUS			. Time of Death 2:30pm
à.	Examir		4e. Fecility Neme (If not institution, give street end number PIKESVILLE NURSING HOM				4b. City, Town, or PIKE	Location of Deeth SVILLE		of Deeth	2
	Funeral Director		5. Sociel Security Number 6. Sex 7 1 M 2 F 7	. Age (In yrs. last birtl		f Under 1 Year Ionths Days		8. Dete of Birt (Month, De	2 <sup>Year</sup> 1903	9. Birthpiace	(Stete or Foreign
	dend in		Usuel Residence of Decedent  10a. State 10b. County	10c. City, Town	own or Location					10d.	Inside City Limits
	a Mary	ctor	MARYLAND BALTIMORE		BAI	LTIMORE	3				1□Yes ¾□No
	with th	Dire	10e. Street end Number			10f. Zip Code	21208		10g. Citizen of W	/hat Country? JSA	
2	hours after death with the Maryland urel, or Herne 23e or 28e-f show at Examinet must be nuitified at	Funeral Director	7429 RICKSWAY ROAD  11. Marital Status 1 Never Married 2 Married 1 Yes 2	es? Ø No	if Ye	es, specify Cut	Hispenic Origin? (S pan, Mexican, Puer	Specify Yes or No- to Rican, etc.)	- 14. Race	e - American I k, White, etc.	ndien,
200	ural', o	b	3 ₩ Widowed 4 □ Divorced If Yes, Give		1 🗆	Yes 200 No	Specify:		Specify.	WHI	ITE
0200-61212	vithin 72 na. han "nat	Be Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4		(Give kind life. DO	t's Usuai Occu d of work done NOT use retire ROPRIET	during most of wo	rking	16b. Kind of Bu	siness/Indust	ry
yland	should be filed vand Mental Hygie s marked other trumatic event, to	Be C	17. Father's Neme (First, Middle, Last) MEYER	SCHWA	ртим	ΔNI		me (First, Middle,	Maiden Sumem		LASSER
ā	d 2 should b th and Ments 7 is marked traumatic e	To	19e. Informent's Name/Relationship (Type, Print)	19b.	Meliing A	Address (Stree	t end Number or R	urei Route Numbe	er, City or Town,	Stete, Zip Co	
	1 and Haalth am 27 ther tr		MRS. DOLORES ZUCKERMAN (I	DAUGHTER)			VAY ROAD	Dete	20c. Location -		State
gaitimore,	it. Pagas 1 and 2 rtmant of Haalth a rtant: If itam 27 is njury or other tra		1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from St 4 ☐ Donation 5 ☐ Other (Specify)	comoton	, cremete	ory or other ple		-20-1997		IMORE,	
מונ	permit. Pagas Department of Important: If it any injury or o		21. Signature of Funeral Service Licensee	-	22. N	ame end Addg	SOL FLEVIN	ISON & BR	ROS., INC	MD 21	208
-	-		23a Part1. Enter the disease, or complications that day shock, or heart failure. List only one cause on ear	the death. Do no						, Ap	proximate ervai Between
	Physician /Medical		0	ucinos	/	1-1				Or	set end Deeth
	Examiner		disease or condition resulting in death) a.	Due to (or es e c	onsequer	nce of):				1	
_	uted d ansit	Examiner	b	Due to (or es a c	Ge e		moma			i	
Ď,	cete be axecuted physician and s tha burial-trensit	I Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es a ci	orisequei	ica or,				i l	
58/60,	death certificete be axecuted e attending physician and of for usa es tha bunal-trensit	edical	thet initieted events resulting in deeth) Last	Due to (or as a co	onsequen	nca of):				i	
XOD	eath certifi attending p	Physician/M	d							1	
	the att	ysick	Pert II. Other eignificent conditions contributing to dea	th but not resulting in	the unde	riying cause g	iven In Pert I.	23b. Dld 1	tobacco use con	stribute to the	cause of death
ı.	Rì	by Ph	Dapression					1 🗆	Yes 2□ No	3 Probabi	ly 4⊡Unknow
DODA	has been point as 2 should	Completed b							en autopsy rmed?	availal	eutopsy findings ble prior to etion of cause th?
E	E ag	-						10	Yes 2110	1 □ Y	es 2 No
VIII	Physician: The rthis cartificate trail director, par	o Be	25. Wes case referred to medical examiner?  1 Yes 2 No Hospitei: 1 Interest	patient 2 ER/Out	patient	3 DOA OI	ther:	eth (Check only o		er (Specify)	
VISION OF	ding h. After funs	ation: T	27. Manner of Death 28e. Dete of	Injury 28b. Ti		28c. Inju			how Injury occurr		
	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After complately filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined 28e. Place o building	f Injury - At home, far g, etc. (Specify)	m, street,	, factory, office		28f, Location (S City or Tox	Street end Numbern, Stete)	er or Rural Ro	oute Number,
	To the Hospital or within 24 hours after To the Funeral Dir complately filled in	edicai	29a. Certifier (Check only one)  Certifying Physician: To the buse and manne	is of exemination and							
	To the within To the compl	Me	29b. Signature end title of cartifier	0 0 1		29c. Licen	se number		29d. Date signed	(Month, Dey	, Year)
)			I Standy Krote	nboel	P	D	11390	,	8119	197	
	9		30. Name and address of person who completed cause STANLEY L. STEIN BIA	الح ها لنه	CRO	nt) 055 Rot	w Dear	MESIN	(cis, t	102	1117
1	Sta Registr		31. Dete filed (Month, Day, Year) AUG 2 2 1997	istrati Signature	andell	٤	V	y L.		+-	•

State of Maryland / Department of Health and Mental Hygiene 25512 Certificate of Death 1. Decedant's Nama (First, Middle | Last) 2. Data of Death 3. Time of Death Month Yaar STRIDER August 20,1997 5:02 P.M. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Baltimore County Rosedale Franklin Square Hospital Center If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foralgn Country) 12XM 2□ F Months Days Yrs. 46 June 15, 1951 Maryland 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Baltimore County Baltimore 10f. Zip Coda 10g. Citizan of What Country? 21220 U.S.A. 12. Was Dacedanf Evar in U,S. Armed Forcas? 1 □ Yas 220 No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Navar Married 20 Married 1 ☐ Yas 2 No Specify: Specify: White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Dacadant's Education (Specify only highast grada complated) Collega (1-4or 5+)

18. Mothar's Nama (First, Middla, Maiden Sumama)

Home Construction

death with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiane.
Important: if item 27 is marked other than "netural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Expriner must be notified at once. Director Funeral Baltimore, Maryland 21215-0020 þ Completed Be

Physician

/Medical

Examiner

**Funeral** 

Director

Ronald.

5. Social Sacurity Number

212-58-2627

10a. Sfreet and Number

24 Torque Way

3 Widowad 4 Divorced

Elamentery/Secondary (0-12)

17. Fathar's Nama (First, Middla, Last)

10th Grade

10a, State

Maryland

11. Marital Status

Gary

10b. County

Physician /Medical Examiner

The law requires that the death certificate be executed physician and s the burial-transit nse signed by page 2 has Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 3 2

Division of Vital Records, P.O. Box 68760,

Examine Physician/Medical þ Completed Be Certification: To To the Hosp within 24 hou To the Fune completely fil

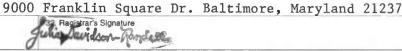
Flovd Thomas Strider, Sr. Ruby Stiers Warfield 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Estella Catherine Strider/Wife 24 Torque Way, Baltimore, Maryland 21220 20b. Placa of Disposition (Nama of camatary, crematory or other plece) Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☑ Cramation 3 ☐ Ramoval from Stata Chesapeake Crematory Beltsville, Maryland 8/23/97 4 ☐ Donation 5 ☐ Othar (Specify) of Foreral Sarvice Licans 22. Nama and Addrass of Facility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206
Approximations, or heart fellura. List only one cause on each line.

6415 Belair Road, Baltimore, Maryland 21206
Approximations, or heart fellura. List only one cause on each line. Approximata Interval Betw Onsat and Death immediata Cause (Final disease or condition rasulting In death) 18 hours , Subarachnoid Bleed Dua to (or as a consequanca of): Shock Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last Dua to (or as a consequence of): Dua to (or as a consequence of) Part If. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No 25. Was casa referred to medical axaminar? 26. Place of Death (Check only one) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) 1 Tyes 2 No 1 inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27, Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending Invastigation 1 Neturel 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 29a. Certifiar 🖄 certifying Physician: To the best of my knowledga, daath occurred at the time, date end plece, end due to the causa(s) end mannar es stated. Medical (Check only one) 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar statad. 29b. Signatura and fitla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) R D 2122 August 20,1997

Carpenter

State Registrar Dr. Khin Myint AUG 2 2 1997

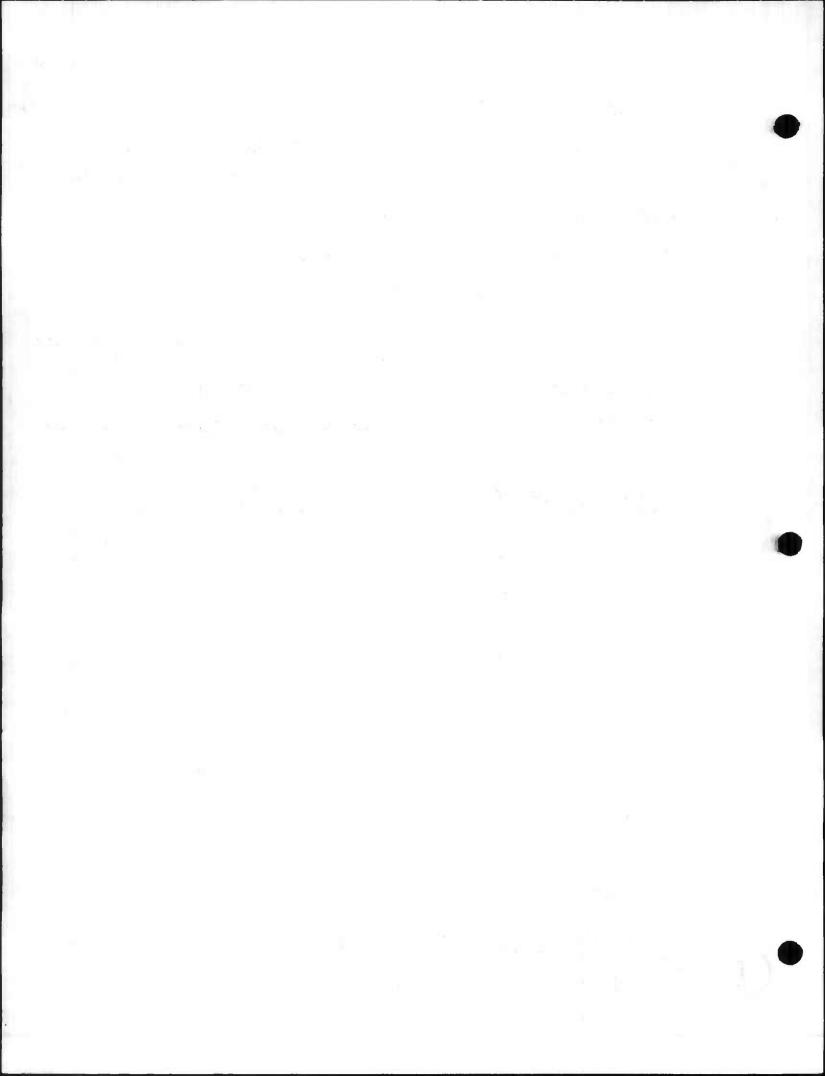
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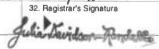
30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print)

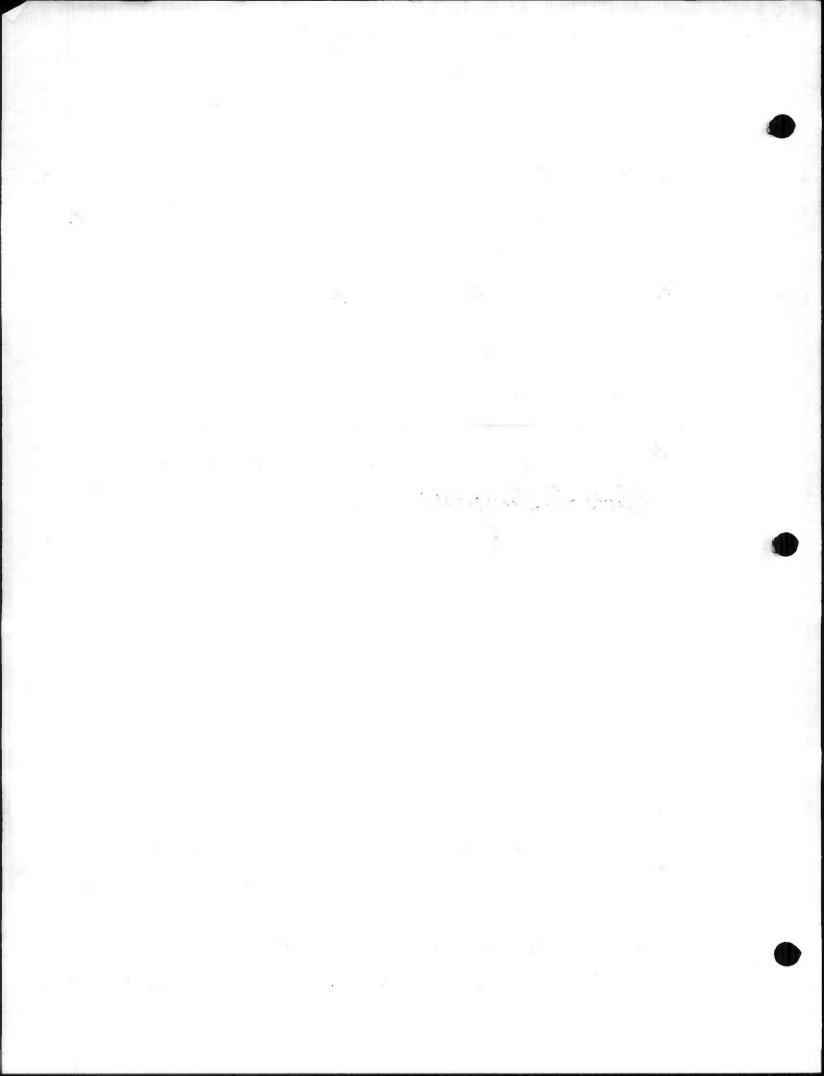
State of Maryland / Department of Health and Mental Hygiene 97

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Cook Samaritan Rospital  See Service Verman  S			4a. Facility Nama (If not Institution,					4b. City, Town, or						
Soois Second Number   2.00   2.00   3			Good Samarita	n Hospital				Baltimo	re	N	1/A			
106. State and Number   106. Physical Properties   107. Zep Code   107. Zep Code   108. Zep			5. Social Security Number 220–36–6548	6. Sax 7. Ag		Months			. (Month, Da	th y, Year)	9. Birthpla Country			
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17. Father's Nerma (First, Middle, Last)   10. Minhar's Name (First, Middle, Masters Summers)   10. Minhar's Name (First, Middle, Masters N	netur	ted	15. Dacedant's	Education	16a. D	acedant's Usi	al Occup	pation	dina	16b. Kind of B	usinass/indu	istry		
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Approximate	Healt em 2 other			(Autre)	20b. Piaca of D	48 Ke	ysto ma of	ne Avenu	e, Balti	more, M	laryla	nd2121		
22. Name and Addrass of Facility Burgee—Henss Fruneral Home 21211 3631 Falls. Road Raltimore. Maryland Approximate disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  23a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the death. Do not arried the mode of dying, such as cardiac or respiratory ended.  25a. Path Limited disease, or combinations that caused the arrival and the cause of the mode of dying, such as cardiac or respiratory ended.  25b. Mark Card Mark Limited disease, or combinations and the cause of the mode of the cause of the cause of the mode of the cause of the mode of the cause of the cause of the mode of the cause of the mode of the cause of the mode of the cause of the cause of the cause of the cause of the mode of the cause of the mode of the mode of the cause of the mode of the mode of the mode of the cause of the cause of the mo	2 = 5		The state of the s	Ramovai from Stata										
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Page 2 Section 3	8 0				at the trouble and the	The direction of the control of the		TOTAL TOTAL						
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29a. Cartifiler (Check only one)  29a. Cartifiler (Check only one)  29b. Signatura and titla of certifiar  29c. Licansa number  29c. Licansa number  29d. Data signed (Month, Day, Year)  21 Meme end eddrass of person who completed cause of daeth (Itam 23a) (Type Print)		ation:	1 Natural 5 ☐ Panding invastiga	tion	y Yaar) 28b. Tin y Yaar) Inju				28d. Describe	how Injury occur	red			
T 30 Name and addrass of person who completed cause of death (Itam 23a) (Type Print)	al Direct	Certific	3 ☐ Suicide 4 ☐ Homicide  3 ☐ Suicide 4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  28a. Pleca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)											
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T 30 Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)	₹ ¥ 8		all all	arin	- 11 1									
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STIHAD ALHARIRI - GOOD SAMARITAN MOSPITAL	)			no completed cause of d	aeth (Itam 23a) (T)	(pe, Print)	0 <	AMARIT	AN H	DSPITAL				



State Registrar

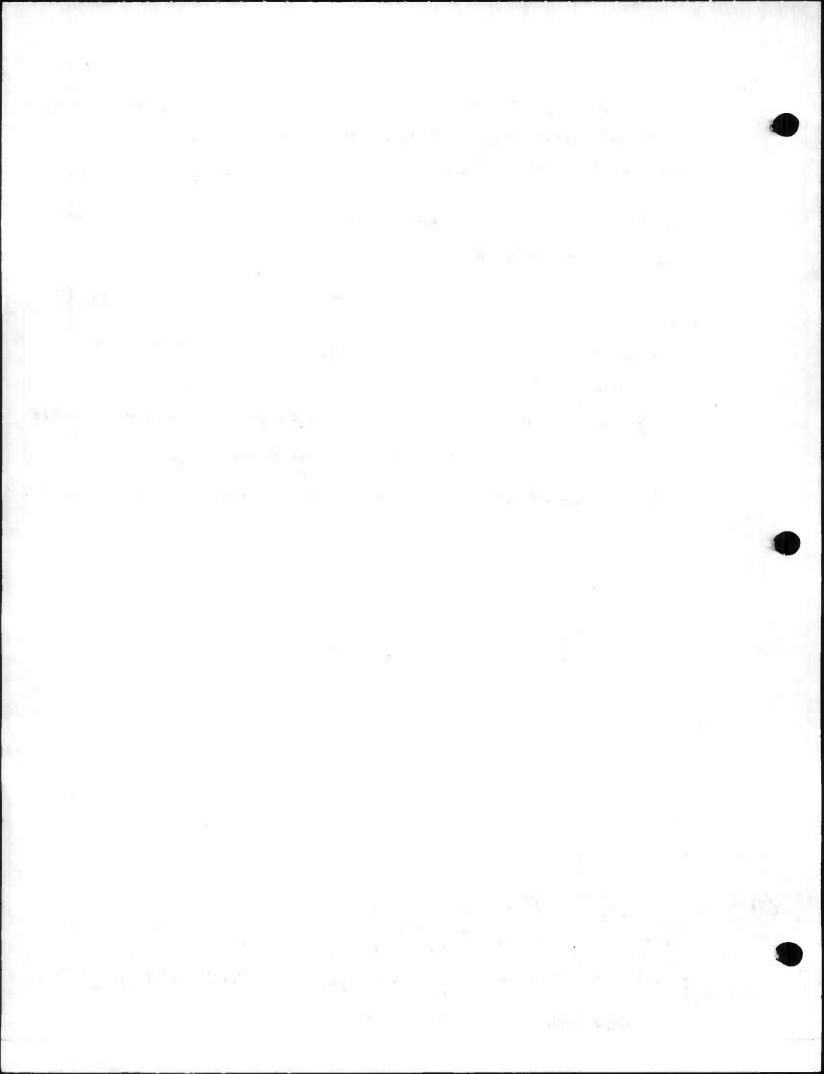




State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** 359pm Williams Month OHN AUGUST /Medical 4e. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner LORIEN FRANKFORD NURSING CENTER BALTO 7. Age (In yrs. last birthday) 9. Birthpiece (State or Foreign Country) **Funeral** 213-09-2259 1 1 M 2 □ F 89 Director S.C. 8-3-08 Usuei Residence of Decedent with the Maryland 10b. County show 10c. City, Town or Location 10d, Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Baltimore Director 1 Hes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA 2066 Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ NO If Yes, Give Yeer or Dates: 14. Race - American Indien, Biack, White, etc. 11. Marital Stetus filed within 72 hours after 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Black Be Completed by 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) Beth. Hygiana. Laborer 6th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Peges 1 and 2 should be nent of Health end Mental Williams Eugene Lou 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health e Kennedy Batton MO Beulah Williams Ave, 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Mational MEM Pt 8-23-97 Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 22. Name end Address of Fecility 1101 GAST. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finei disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Physician/Medical Examiner The lew requires that the death certificata be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown ģ Completed 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? cartificate has 1 Yes 2 No Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Placgot Deeth (Check only one) Other: 45 Nursing Home Medical Certification: To 2010 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ box this 5 ☐ Residence 6 ☐ Other (Specify) 27. Mannuer of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After t 5 | Pending investigation Natural death. 1 Yes 2 🗆 No 2 Accident Director 6 Could not be 3 [1] Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physicism. To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

Implication of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signature and title of cestifier 29c. License number 29d. Dete signed (Month, Dey, Year) GCABIRDAVE, BALTO. MI 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Registrar



State of Maryland / Department of Health and Mental Hygiene

25516

					Certi	ificate of	Death	F	Reg. No.		
Physic	ian	1. Decedent's Name (First, Middle, L.						2. Date of Dea Month	th Dey	Year	3. Time of Death
/Medi	ical	CHARLES F	1 WILL	.5				AUG	17 1	997	10:30 PM
Exami	ner	4e. Facility Name (If not institution, gi Church Home H	-				4b. City, Town, or I Baltim		4c. County	of Death NA	
Funeral	т		Sex 7. Ag	e (In yrs. le		If Under 1 Year	r if Under 24 Hrs.		h		ace (Stete or Foreign
Director		213-20-6739 Usual Residence of Decedent	M2□F	71	Yrs.	Months Days	Hours Min.	(Month, Dey 04-0"	7 – 26		ace (Stete or Foreign try) Md .
yland		10a. State 10b. County		_	Town or Loca					10	Od. Insida City Limits
h the Marylan r 28a-f ahow	ctor	Md N	A	Ва	altimo	re					X Yes 2□No
ith with th	Funeral Director	10e. Streat end Number 222 North Col	lington <i>P</i>	Avenu	ie	10f. Zip Code 2123]	L		10g. Citizen of V USA	What Coun	iry?
d 21215-0020 filed with the Maryland filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or items 23a or 28a-f show ont, the Medical Examinar must be notified.	by	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Datas:			is Decedent of es, specify Cul	Hispanic Origin? (S ban, Maxican, Puert Specify:	pecify Yes or No- o Ricen, etc.)	14. Red Blac Specify	e - America ck, White, e	etc.
5-0 72 ho	eted	15. Decedent's E (Specify only highest gr	ducetion		16a. Deceder	nt's Usuel Occu	petion	kina	16b. Kind of B	usiness/Ind	ustry
2121 2 vithin jiene.	Completed	Elemantary/Secondary (0-12)	Collage (1-4or 5	5+)			during most of wor	g	Arah	=Pro	ducer
ARLE and 212 be filed withintel Hygiene.	ပိ	6th Grade  17. Father's Name (First, Middla, Las)	NA		Seli	-emplo		ne (First, Middle,			ducer
◆ □ 8 □ 0 ≥	To Be	Charles R.	Wills				Joseph		Wolder Damaii		hington
CHA larylar should be and Menta is merked summetic e	-	19a. Informent's Name/Relationship			19b. Mailing	Address (Stree	ot end Number or Ru		r, City or Town,		
LS, re, Healt Healt tem 2		Mary Wills  20e. Method of Disposition  1√2 Burial 2 □ Cremetion 3 [	Damougl from State	20b. Pla	ce of Dispositi	May Co ion (Name of tory or other plo	ourt Bal	timore Dete	Mary 20c. Location		
U1LL timor Pages ment of l		4 □ Donation 5 □ Other (Spaci		V	oshel	1 Mem	. Garden	s 08-2	2-97 D	unda	lk, Md.
Baltimo permit. Pages Department of important: if it any injury or once.		21. Signature of Funarai Service Lice	Soal			. C . MA	ass of Facility B				nd 21202 nue
<b>表表</b>		23a. Part1. Enter the diseese, or conshock, or haart failure. List only	plications that caused one causa on each lin	I the death. ne.	Do not enter	the mode of dy	ing, such as cerdiac	or respiretory ar	rest,		Approximate Interval Batwaan
Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	. PNE	UMC	NIA					1	Onset and Death  / WK
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uted	Medical Examiner	Secure dially list and disland	U		as a conseque		OF LUI	G		1	1 YK
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68760, ifficate be executed g physician and as the burial-transit	Ilcai	Cause (Disease or Injury that Initiated avants resulting In death) Last	C	Due to (or a	is a conseque	nce of):					
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O. Box ne death ce the attendii	clan										
, P.O. BOX that the death ce ed by the attendi	Physician/A	Part II. Other algnificant conditions of				erlying ceuse g	iven in Part I.				the cause of death?
S, P	by PI	CHRONIC PU	~ MONDICY	Dis	BN 8E			וטו	'ss 2□ No	3 Prob	ebly 4 Unknown
Division of Vital Records, P.O. Box 68760, for Attending Physician: The law requires that the death certificate be executed by the attending physician and in by the funeral director, page 2 should be deteched for use as the burial-transit	Completed b		,					24a. Was a perfor	an autopsy med?	ava	ra autopsy findings illeble prior to appletion of ceuse deeth?
Re(The law te has	om							1□ Y	es 2 No		Yes 2 No
Vital Fision: The certificate	Be C	25. Wes cese referred to medical examiner?					26. Place of Daa	th (Check only or			
// Sion of Vital Retaineding Physician: The inclosure.  Actor: After this certificate he by the funeral director, page	2	1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatie		R/Outpatient	3LI DOA		ome 5 Resid	ence 6 □Oth	er (Specify	)
OD College Plant After the	inol	27. Manner of Death 1 Natural 5 □ Pending	28a. Data of Injur (Month, Dey	Year) 2	8b. Tima of Injury	28c. Inju		28d. Describe h	ow injury occur	red	
risio trendi death ctor: A	Icat	2 Accident investigatio	On Diana of tail	ini. At hom	a form street		Yes 2 No	20f Leasting /C	tract and Ahimb	or or Rumi	Pouta Alimahar
C 2655	ertif	4 ☐ Homicide determined	28e. Place of Injubuilding, etc	S. (Spacify)	ie, iami, street	, тастогу, опісе		28f. Location (S City or Tow	n, Stete)	er or Hurai	riouta Number,
The Hospital hinds frounds the Fundant	edical Certification:	29a. Certifier (Check only 2 Madical Exar	nysician: To the best of miner: On the basis of mannar sta	axaminatio	edge, death oo n end/or inves	ocurred et the t tigation, in my	ime, date and place opinion, death occu	and due to the corred at the time, of	ause(s) and ma lata and place,	inner as sta and dua to	ated. the ceuse(s)
d dwo	Me	29b. Signature and title of pertiner	1)	N			se number		9d. Date signe		
		1 horz hun	y ms	ソ		D	18587		AUG 1	7.1	997
3		30. Name and address of parson who	complated ceuse of de	eath (Item 2	(Type, Pri	nt)	18587	SAITIM	INE V	nd	212 31
Sta	ite	31. Date filed (Month, Dev. Year) AUG 2 2 1997	32. Apgistr	Signatur	-Randall		1	MYCH IN	<i>U</i> 1- <i>U</i>		-1601
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State of Maryland / Depa

artment of Health and Mental H	ygiene	97	2551
tificate of Death	Dan Ma	- 1	-001

				C	ertificate of	f Death		Reg. No.	'	20011	
Dhyalai		1. Decedent's Name (First, Middle, La	ist)				2. Date of De Month		Year	3. Time of Death	
Physici /Medi		Marvin Harr	y Weibley	, Jr.			AUGUST	09 19	97	8:40 AM	
Examir		4e. Fecility Name (If not institution, given 34 CAMBRY LANE	re street end number)			4b. City, Town, or Lo ELKTON	ocation of Deat	-	y of Death		
Funeral		Social Security Number 6. 5	Sex 7. Age	(In yrs. last birthdi			8. Date of Bir (Month, Da	rth	9. Birthp	piece (Stete or Foreign	
Director		164-36-1860 Usual Residence of Decedent	1 <b>∑</b> M 2□F	Months 51 Yrs. Months		s Hours Min.	DEC 29	1945 1945	Coun	sylvania	
B 8 =		10a. State 10b. County		10c. City, Town or	Location				1	Od. Inside City Limits	
72 hours arter dearn with the Maryland natural; or items 23a or 28a-f show Jical Examiner must be notified at	tor	MD Ceci	1	E1	kton					1 ☐ Yes 2 📉 No	
7.28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Cour	ntry?	
3a o	a D	34 Cambry Lane	9		219	921			USA		
Dear Control	Funeral	11. Marital Status	12. Was Decedent Ex	ver in U,S. 1	3. Was Decedent of	Hispenic Orlgin? (Sp ban, Mexican, Puerto	ecify Yes or No	- 14. Rac	ce - Americ	an indian,	
ital Hygiene. d other than "natural", or itema 23a or 28a-f show event, the Medical Exactines must be notified at	by Fu	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2X No If Yes, Give Year or Dates:		1 ☐ Yes 2 ☒ No		Hican, etc.)	Specif	ck, White, by: Wh	ok. hite	
in a land	ted	15. Decedent's E		16a. De	cedent's Usuel Occu	upation	fa	16b. Kind of B	usiness/inc	dustry	
than "r	Completed	(Specify only highest gra Elementary/Secondery (0-12)	College (1-4or 5+	•)		e during most of work red)	ing				
Hygiene. other than "		17. Father's Name (First, Middle, Last	3	S	ales	18. Mother's Name	(Eiret Middle	Autom		e	
is marked of	To Be	Marvin Harry N				110)					
th and Mental	H	19a. Informant's Name/Relationship (			alling Address (Stree	Grayce  Bit and Number or Run			, State, Zip	Code)	
27 is c trau		Marvin H. Weib				Rd. E11					
of Heaith a f itam 27 is r other tra		20a. Method of Disposition		20b. Place of Dis	sposition (Neme of cremetory or other pl		Date ,	20c. Location	- City or To	own, State	
Department of I Important: If its any injury or o once.		1 ☐ Burlei 2X☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Special			ry, Inc	8/20/9	7 Ba1	timo	re, MD		
Departm Importa any inju		21. Signeture of Funeral Service biom	1500		22. Name and Add	ress of Facility			010	10, 110	
68 8 8		Edward A Gree	archile		200 Frede	Society of Society of Society of Society	OI MD, Baltimo	Inc.	21228		
		23e. Part1. Enter the disease, or com shock, or heart feilure. List only	plications that caused to	he death. Do not	enter the mode of dy	/Ing, such as cardiec	or respiretory e	rrest,	21220	Approximate	
hysician		shock, of fleat fellule. Cist only	one cause on each line						1	Intervel Between Onset and Deeth	
Medical		Immediate Cause (Final disease or condition	a. Narco	tic and	cocaine i	ntoxicatio	n –				
xaminer		resulting in death)	4.	ue to (or as a con-							
si;	ine		h								
nding physician and ise es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	D	ue to (or as a cons	sequence of):						
physician and s the buriel-transit		cause. Enter Underlying Cause (Disease or injury that initiated events	c								
ng phys	Medical	resulting in death) Last	D	ue to (or es e cons	sequenca of):						
attending for use e		•	d								
e atten	Physician/	Part II. Other significent conditions of	ontributing to death but	not resulting in the	underiving cause o	niven In Part I.	23b. Did	tobacco use co	ontribute to	the cause of deeth?	
by th	hys					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 2 No	3 Prot		
5 8	by F							A			
been si								an autopsy	eva	ere eutopsy findings allable prior to	
S C/	Completed						1			mpletion of cause death?	
	Con						1 1	Yes 2□No	K	Yes 2□ No	
certificate rector, pa	Be	25. Was case referred to medical examiner?				26. Place of Deat	h (Check only	one)		-	
this c	မ	17 Yes 2□ No	Hospitel: 1 Inpatient		ilent 3LI DOA		me 5 XResi	denca 6 □Ott	ner (Specifi	y)	
After t	:uo	27. Manner of Death 1 □ Naturel 5 □ Pending	28a. Dete of Injury (Month, Day		y W			how injury occur	red		
tor:	cat	2 Accident investigation 3 Suicide 6 XCould not b	B Con Blanc of Laive		•	Yes 2 No	Unknov		har as D.	A Pouto Number	
	Certification:	4 Homicide determined	building, etc. Home	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) HOME				281. Location (Street and Number or Rural Route Number, City or Town, State) 34 Cambry Lane, Elkton, MD			
	edical	29a. Certifier 1 Certifying Ph 2 Medical Exam	yelcian: To the best of niner: On the basis of e and manner stete	xemination and/or	ath occurred at the Investigation, in my	time, date end place, opinion, death occurr	and due to the ed at the time,	cause(s) and m date and place,	anner as st	tated. the cause(s)	
within To the	Me	29b. Signature and title of certifier			29c. Licer	nse number		29d. Dete signe	d (Month,	Dey, Year)	
1		* 1 nearly	orbe N	4	0.C.	M.E.		AUGUST	10.19	97	

State Registrar

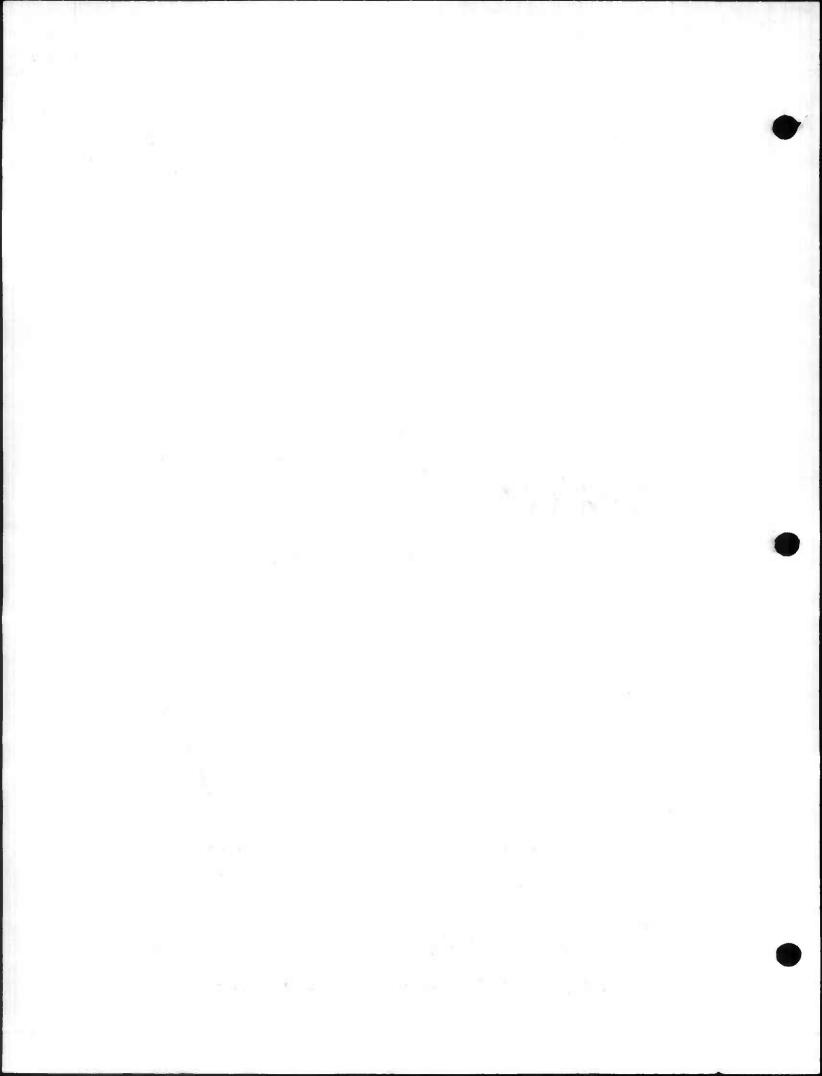
AUG 2 2 1997

d address of person who completed cause of deeth (Hem 23e) (Type, Print)

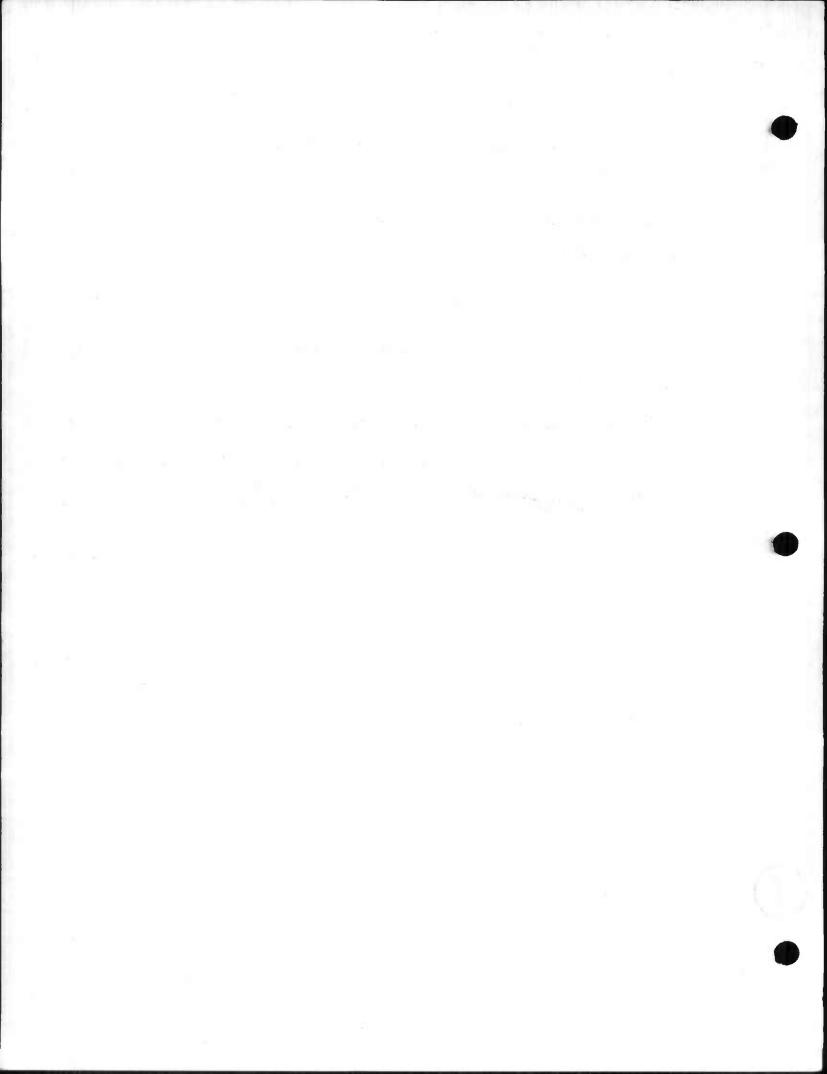
A (W) (M) 111 Penn Street, Baltimore, Maryland 21201

I (Month, Dey, Year)

32. Registrer's Signature



Item: I pe	MD G-750 8/22/97 dh  1. Decedant's Name (First, Middla, Last)	Certificate of L	Death 2. Data of De	Reg. No.  3. Time of Death
Physician /Medical	Laph Parker  4a. Facility Nama (II not institution, give street and number)	Wilson	Month A GU b. City, Town, or Location of Deat	St Day 17 1997 10:30pm
Examiner Funeral Director	THE JOHNS HOPKINS HOSPITAL  5. Social Security Number 6. Sex 7. Ag  218 72 9834 \$\frac{1}{2}\text{M} 2 \sqrt{F} \rightarrow 7. Ag		BALTIMORE CITY  If Undar 24 Hrs. Hours Min. Aug. 9	n/a
how	Usual Rasidance of Dacedant  10a. Stata 10b. County	10c. City, Town or Location		10d. insida City Limits
the Marylan 28a-f show notified at	Maryland Washington  10e. Street end Number	Williamsport		1 Yas 2 No
23a or	16050 Spielman Road	10f. Zip Code 217	95	10g. Citizen of Whet Country?  USA
urs efter dea	11. Marital Status  1 Never Married 2 Married 1 Yes 2 Married 3 Widowad 4 Divorced  12. Was Decedant Armed Forces?  14. Was Decedant Armed Forces?  15. Was Decedant Armed Forces?  16. Was Decedant Armed Forces?  17. Was Decedant Armed Forces?  18. Was Decedant Armed Forces?  19. Was Decedant Armed Forces?	Ever in U,S. 13. Was Decedent of Hi If Yes, specify Cube 1 Yas 2 No	spenic Origin? (Specify Yes or No., Mexicen, Puerto Rican, etc.)  Specify:	o- 14. Rece - American Indian, Black, White, atc.  Specify: White
ygiene. ygiene naturst, ver than "naturst", nt. fre Medical Ex.	15. Decedent's Education (Specify only highest grede completed)  Elamantary/Secondary (0-12)  College (1-4or	16a. Decedant's Usual Occupa (Give kind of work done of life. DO NOT use retired	luring most of working )	16b. Kind of Business/Industry  Construction
Mental Hygin arked other artic event, I	17. Fathar's Nama (First, Middla, Lest)  Jack P. Wilson		18. Mothar's Nama (First, Middla Ruth Riffle	, Maidan Sumama)
le should hend hend hend hend hend hend hend hen	19a. Informant's Name/Relationship (Type, Print)			per, City or Town, Stata, Zip Coda)
permit. Pages 1 and 2 should be filed Department of Health end Mental Hyg Important: If item 27 is marked other eny injury or other traumatic event, once. To Be C	Carole Wilson (wife)  20a. Mathod of Disposition  1 Burial 2 Cramation 3 Ramovei from State	<ol> <li>Piece of Disposition (Nama of camatary, crematory or other place</li> </ol>	Data Data	ort, Maryland 21795 20c. Location - City or Town, State
permit. P Departme Importan eny injuri	4 □ Donation 5 □ Other (Specify)  21. Signatura of Funerel Sarvica Licensus	Greenmount Cremat	ory 8/21/97 s of Facility i Funeral Home	Baltimore, Maryland
Physician /Medicai Examiner	23a. Part 1. Entar tha disaase, or complications that cause shock, or heart failure. List only one cause on each lite tempediate Ceuse (Finel disaase or condition resulting in death)			ex, Maryland 21221  Approximeta Intervel Batwean Onset end Deeth  Two weets
niner	b. hepat	c failure		Two years
an end rifel-tra	Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disaasa or injury	Dua to (or as a consaquanca or).		One wek
certificate be executed ding physician and use es the buriel-transit	resulting in death) Last	Dua to (or as a consaquanca of):		3 days
nat the death certified by the attending leteched for use selected for use	Part II. Other significent conditions contributing to death b	ut not resulting in the underlying cause give	an In Part i. 23b. Did	tobacco use contribute to the cause of death?
es that the death cert igned by the attendin be deteched for use by Physician/N		looks) and intravence		Yes 2 No 3 Probably 4 Unknown
aw requir	abuse, esophageal and o	jastic varies; his	tory of perfe	24b. Were eutopsy findings available prior to completion of cause of death?
	gastrointestinal bleeding 1 25. Wes casa rafarred to medical	, portal hypertensis		
	axaminar?  1 Yes 2 No Hospital: 1 Inpatie	ant 2 ER/Outpatient 3 DOA	26. Pieca of Deeth (Check only of the American	
After fune	27. Mennar of Deeth  1 Naturel 5 Pending (Month, Da language) 2 Accident	y Year) Injury Work	et 28d. Dascribe ?? Yas 2 \sum No	how Injury occurred
or Attended on Standard of the Control of the Contr	3 ☐ Suicida 6 ☐ Could not ba datarmined 28a. Piace of Injuitiding, at	ury - At homa, farm, straat, factory, offica c. (Spacify)	28f. Location ( City or To	(Street and Number or Rural Routa Number, wn, State)
To the Hours within 24 hours To the Funeral completely fille	29a. Cartifiar (Check only one)  Certifying Physician: To the best of the desired form of the desired form one one of the desired form of the desi	of my knowiadga, daath occurred at tha tim f axamination end/or investigation, in my op ated.	a, data and placa, and dua to tha pinion, daath occurred at tha time,	causa(s) and mannar as stated. data and place, end due to the cause(s)
To the vithin To the comple	29b. Signatura end titla of cartifier  Rou Lolleyu NO	29c. License		29d. Date signad (Month, Day, Yaar)
~V[	30. Name and address of person who completed cause of a	,		Angust 17, 1997
$IIX \setminus I$	Rance Chatteriee 600			



State of Maryland / Department of Health and Mental Hygiene

255 Item7 8-22-97 FilmG750 W.H.Per Doctor Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** :15 pm anch b. City, Town, or Location of Beath 1997 /Medical 4a. Facility Neme (If not institution, give street, and nur 4c. County of Deeth **Examiner** Trederick
If Under 24 Hrs. 6, Date 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthdey) 6. Date of Birth (Month, Day, Birthplace (State or Foreign Country) **Funeral** 1□M 21 F Months Deys Hours Min. 135-24-11893 00 Director Calvert Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Yes 2 No Directo verl 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country 8 items 23a Pages 1 and 2 should be filed within 72 hours after death Funeral 12 Was Deceden Ever In U.S. Armed Forces Was Decedent of Hispanic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 If Yes, Give 2 8 No 1 ☐ Yes 2 ☐ Mo Specify: 21215-0020 "natural", or Black þ 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lite. DO NOT use retired) Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, tra Masonca. Elementary/Secondary (0-12) College (1-4or 5+) Dehvol + altimore, Maryland 17. Fether's Name (First, Middle, Last) . 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Harrod 1. Marg W SSac 19e. Informent'e Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number) Rural Route Number, City or Town, Stete, Zip Code) BARTON L. Bund - NEwphen 919 NCARRO AVe Balto TON md 2121 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State LOUVERY COUNT 4 ☐ Donetion 5 ☐ Other (Specify) 19 md 2121: 21. Signature of Funerel Service Licensee 22. Name end Address of Facility N. BRODDWAY 1639 JEFF M ER RA om of 23a. Part | Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Congestive Immediate Cause (Final O day disease or condition resulting in deeth) Examiner Due to (or as e consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequ Box 68760. Physician/Medicai Due to (or as a consequence of): use as for u Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? evere 20 No 3 Probebly 4 Unknown þ 24b. Were autopsy findings available prior to 24e. Wes en eutopsy performed? peed vovas cula completion of cause of death? certificate has b 1 Yes 2 DINE 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director. Be 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? Other: 4 Vursing Home 5 Residence 6 Other (Specify) 2 20 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this in by the funerai 27. Mannes of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1,23Natural To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Af 1 Tyes 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and menner steted. Medical 29a, Certifier Vieleigmoo (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HOSPITAL 110 MUNSHI. SLL 303 MD 20678 RINCE

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Day Year) AUG 2 2 199/

Julia Hoister's Sio Augusto

State of Maryland / Department of Health and Mental Hygiene 25520 Certificate of Death 2. Date of Death

Physician
/Medicai
Examiner

**Funeral** Director

permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene.
Important: if them 27 is merked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, it a Medical Exercises.

**Physician** /Medicai Examiner

Examiner physician end the buriel-transit the death certificate be executed Physician/Medical 80 950 for ed by the e signed by t þ Completed peen page 2 hes certificate Attending Physician: director, Be 2 this funeral Certification: After ofter death.

Director: After Hospital Funerel Medical 24 To the I

Records, P.O. Box 68760.

Division of Vital

1. Decedent's Name (First, Middle, Last) 3. Time of Death Vesi WANN ELIZABETH 17 1997 4c. County of Death 7:50 AM 4b. City, Town, or Location of Disam 4a. Facility Name (If not institution, give street end number) Baltimore City Baltimore City Hamilton Manor 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) Jan. 23, 1936 Birthplace (State or Foreign Country) Days Months Hours 10 M 200 F 215-34-5731 Yrs 61 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yes 🛠 📈 No Directo Maryland Baltimore County 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6717 Harford Rd. 21234 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11 Marital Status Never Married 2 Married 1□ Yes ŽŽNo Specify: White Š 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) N/A Unknown Unknown Unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Herbert R. Wann Hattie I. Reip 19a. Informant's Name/Ralationship (Type, Print) 19b. Malting Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) Mr. Alan H. Stocksdale 6717 Harford Rd. Baltimore, Maryland 21234 20b. Placa of Disposition (Neme of cemetery, crametory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State XX Burial 2 ☐ Cremation 3 ☐ Removal from State Louden Park Cemetery 8-22-1997 Baltimore, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licanses 22. Name end Address of Facility Lassahn Funeral Home 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one causa on aach line. 7401 Belair Rd. Baltimore, Maryland 21236 Approximate Interval Betw Onset and D NE My CANDAL NPARCTON
Due to (or as a consequence of): immediata Causa (Final disease or condition resulting in daath) Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): that initiated events resulting in death) Lest Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CHOSIS 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? OLITIS 1 ☐ Yes 2 ☐ No 25. Was case rafarrad to medicat axaminer? 26. Placa of Death (Check only one) ATSISTED 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residanca 6 Other (Specify) 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA LIVING 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be detarmined 3 Sulcide



Registrar

4 Homicide

(Check on one)

31. Data fited (Month, Dey, Year)

AUG 2 2 1997

29a. Certifian

29b. 51

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and plece, end due to the cause(s) end manner as stated. 2 Medical Examinar: On the besis of axamination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and mannar stated. 29d. Date signed (Month, Dey, Year) 29c. License number

30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) PRABHAKARM. O. MADURAL.

21150LDOREMSROAD,BALIMD21220

28f. Location (Streat and Number or Rural Route Number, City or Town, Stete)

28e. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify)

State of Maryland / Department of Health and Mental Hygiene

25521

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth Dey **Physician** Anderson ZAKIA AUGUST 21,1997 12:25 p /Medical 4a. Facility Name (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY na If Under 1 Year If Under 24 Hrs. Hours Min. 8. Dete of Birth (Marth Dev. Year) APR . 1 , 1997 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** Days Months XXM 2 F 4 BALTIMORE, MD Yrs. MD Director Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Xes 2 □ No MD n/a BALTIMORE 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 4002 OSWEGO COURT 21215 UNITED STATES ms 23a Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. XI Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ XX 1 Yes 2 NX Specify: Completed by Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: 15. Decadent's Education (Specify only highest grade completed) 16a. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) none BABY na Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Pages 1 and 2 should be fill mont of Health and Mental H tant: If Item 27 is marked off lury or other traumatic aven Be TERRENCE ANDERSON SHARAE LONON To 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) SHARAE LONON-mother OSWEGO COURT, BALTIMORE, MD # 15 20a. Method of Disposition 20b. Piaca of Disposition (Neme of 20c. Location - City or Town, State cemetery, cremetory or other place) Purial 2 □ Cremation 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Department of Important: If any injury or MT. ZION CEMETERY 8-25-97 LANSDOWNE, MD 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility lad MARCH FH.-4300 WABASH AVENUE Wane 23a. Part 1. Enter the disease, obcomplications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsef and Deeth **Physician** Immediete Ceuse (Final disease or condition resulting in deeth) /Medical . Total Anomalous Pulmonary Venous Return **Examiner** Due to (or es e consequenca of) Examiner Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last pue Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, physician Completed by Physician/Medical the Due to (or es a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown 24e. Wes an eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? certificate 1 Yes 2 1 No 1 Yes 20 No 25. Wes case referred to medical exeminer? Be 28. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 2 1 ☐ Inpetient 2 ☐ ER/Outpetienf 3 ☐ DOA 5 ☐ Residenca 8 ☐ Other (Specify) this funeral ical Certification: 27. Mennes of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Natural 5 Pending deeth. spital or Attendi cours efter deeth. Neraf Director: A filled in by the fo Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 \ Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled is 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piaca, and due to the ceuse(s) end menner stated. 29a. Certifier Med 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed of Johns HOPKINS Hospiti 05 31. Dete filed (Month, Dey, Yeer) State AUG 2 5 1997



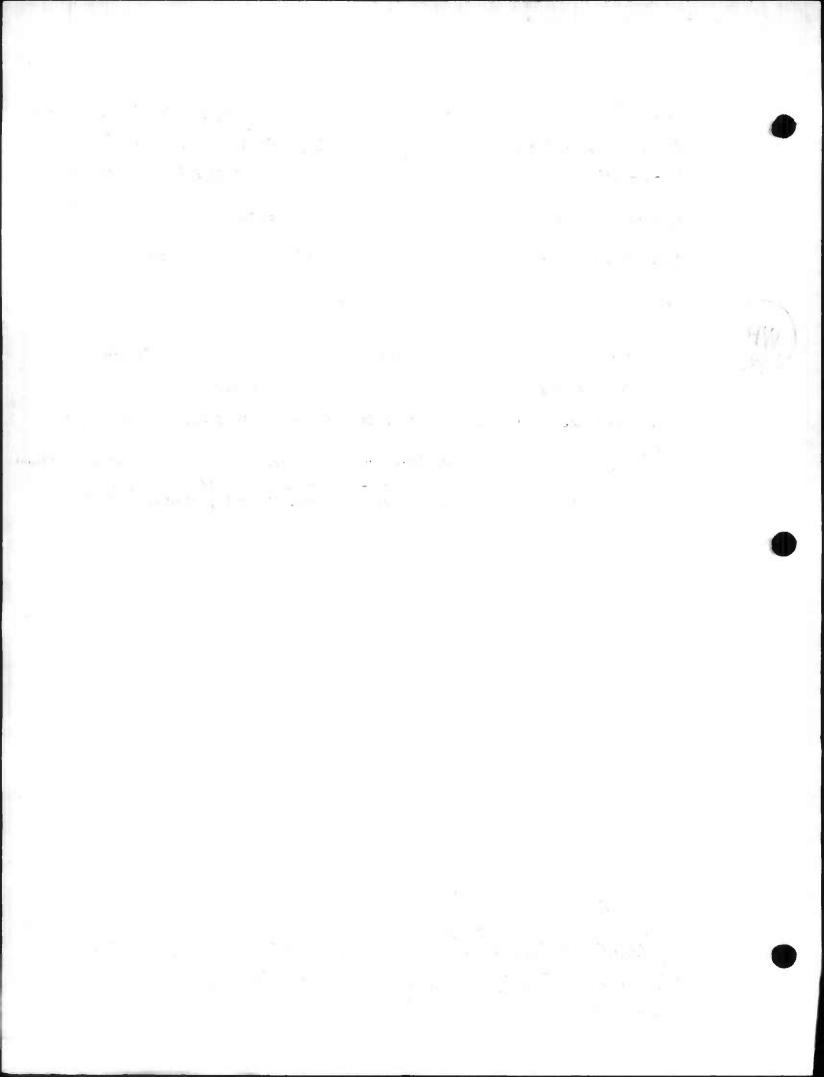
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TA - SHEET,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.7

	Item 5	ре	er FH 9-8-97 Film G751	rja	Cert	ificat	e of Death		Reg. No.		0 6 6
			1. Decedent's Nama (First, Middle, La	st)				2. Data of Dea		Yaar 3. T	ime of Death
	Physici /Medi		Sophia	L. BAY	th			Aug	18	1997	1444
1	Exami		4a. Facility Nama (If not Institution, give	a street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
			North Aru	indel 1-	1050	•	GLEN	Burvi	e /	TA	1
	Funeral Director		5 Social Security Number 6. S			If Undar Months	1 Yaar If Under 24 Hrs Deys Hours Min	8. Dete of Birt	h. Year)	9. Birthpleca (Country) Maruxa	Steta or Foreign
Н	T		Usual Rasidence of Decedent					20009	,		
	ylan Mari		10a. Stete 10b. County	10c. C	ity, Town or Loca	ition					side City Limits
	Me sell	Ş	Maryland Ba	ltimore			Duno	ialk		1[	☐ Yes 2 No
	death with the Maryla ms 23e or 28e-f show cinust be notified at	Director	10e. Street and Number			10f. Zip	Coda		10g. Citizen of \	What Country?	
	h wil		1927 Crafton Aven	ue.			21222		United	l States	
	dear dear	Funeral	11. Marital Status	12. Wes Decedant Ever In U Armed Forces?	J,S. 13. Wa	s Deced	lent of Hispanic Origin? (S ify Cuban, Mexican, Puer	Specify Yas or No-	14. Rec	e - Amarican Ind	ien,
oko	or the	by Fu	1 Nevar Married 2 Married 3(1) Widowed 4 Divorced	1 Yas 2/2/No If Yes, Give Yaer or Datas:		Yas 3		to rican, etc.)	Specify	ck, Whita, atc.  Whit	e
2.	20	pet	15. Decedent's Ed	lucation	16a. Deceder	nt's Usue	Occupetion		16b. Kind of B	usiness/industry	
A	Hill	Completed	(Specify only highast gra	da complated)  College (1-4or 5+)	(Giva kii life. DC	NOT us	k dona during most of wo se retired)	orking			
W.	10 m	6	5 Years	Oolloge (1-401 54)	House	ewiki	٤		Ou	in Home	
Ä.	THE PARTY	Be C	17. Father's Neme (First, Middla, Last)				18. Mother's Ne	me (First, Middle,	Maiden Sumen	na)	
lar	Manta Sead Se e	To B	Charles Her	iget			L	Inknown			
ary	nd bri	-	19e. informent's Neme/Reletionship (1	Type, Print)	19b. Meiling	Address	(Street and Number or R	ural Route Numbe	r, City or Town,	State, Zip Code,	)
Σ	27 in the		Mrs. Joan Denisuk	2/Daughter	1927	Cra	fton Avenue	Dundalk	r, Maryl	Land 21	222
re,	t Hau Item othe		20a. Method of Disposition	20b.	Place of Disposit	ion (Nem	ne of	Dete	20c. Location -	City or Town, St	ate
altimore	Page sert o		1 Burtal 2 Cremation 3 D				tery 8/22/1	1997	Bala	timore	Maryland
H	and		24. Signature of Fyingral Service Liber	Sheet //							100 09 01010
ä	F G F F G		to MI				d Address of Facility UCR FUNETAL				
	_		220 Part 1 Enter the disease of the	And the second s			ise Ave. Du			· · · · · · · · · · · · · · · · · · ·	
			23a. Part1. Enter the disaes or company shock, or heert failure.	ceuse on each line.	un. Domer un tar	(ria illooi	a or dying, such as cardia	ic or raspiretory ar	rest,	Interv	oximata rel Between it and Deeth
	Physician / /Medical		Immediate Cause (Finel	1	1	. —			7		t and Doom
	Examiner		disease or condition resulting In deeth)	· Mcute	CAY	dIA	c Insu	ffic1e	· Nou		
		<u></u>	Tare Manager	Dua to (	or as a conseque	ence of):	1.	. 5	( )		
	ped nsit	흘		b. Trterio	scler	0+1	c Hear	+ Dise	A5-0		
	law requires that the deeth certificate be executed es been signed by the attending physician and a 2 should be deteched for use as the bunel-transit	Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underfying Cause (Diseese or Injury	Due to (	or as a conseque	ence of):					
68760	be e lician burie		cause. Enter Underlying Cause (Diseese or injury	C							
387	phys the	Medicai	thet Initieted events resulting In death) Lest	Due to (	or es e conseque	nce of):					
	ding p			d							
Box	attendii for use	Physiclan/									
o	the de	ysic	Part II. Other significant conditions co	ontributing to death but not res	sulting In the und	erlyIng ca	ause given in Pert I.	23b. Did 1	obacco use co	ntribute to the c	ause of death?
P.0	es that the de igned by the a be deteched f							10	Yss 2□ No	3 Probably	4 NUnknown
JS,	signe bed	b								T	
0	v require been sign	Completed							en eutopsy rmed?	24b. Were eur	prior to on of cause
ec	hes b	g								of death?	
<u> </u>	0 - 0	Son						101	es 200	1 ☐ Yes	2 No
Vital Records,		Be	25. Wes case referred to medical examinar?				26. Plece of De	eth (Check only o	ne)		
<b>1</b>	0 0	ည	1 Nes 2□ No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3 DO	A Other: 4 Nursing I	Home 5 Resid	lence 8 🗆 Oth	er (Specify)	
Jou	er thi		27. Menner of Death	28a. Data of Injury (Month, Dey Year)	28b. Time of	2	8c. Injury et Work?	28d. Dascribe h	ow Injury occur	red	
Ö	Attending I r death. ector: After by the funer	atio	1 Alatural 5 Pending 2 Accident investigation		Injury	M.	1 Yes 2 No				
Division	after deat Director:	Ific	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of injury - At n	ome, ferm, stree	t, fectory	, offica	28f. Location (S City or Tox	Street end Numb	per or Rural Rout	a Number,
Ö	s after if Direction bed in b	Certification:	4 El Tomoldo	building, etc. (Speci	197			Only or You	ni, Siele)		
	To the Hospital or Attending I within 24 hours after death.  To the Funerel Director: After completely filled in by the fune	edicai (	29a. Certifier (Check only one) 1 Certifying Physics (Check only one) 2 Medical Example (Check only one)	ysician: To the best of my knowiner: On the basis of examina	owledge, death o	ccurred a	at the time, date and place In my opinion, deeth occ	e, and due to the ourred et the time, o	cause(s) and ma date end piece,	anner as stated. and due to the c	nuse(s)
	To the within 2 To the comple	₩ W	29b. Signature and title of certifiar	end menner stated.	. 2. 4	200	. License number	1.	29d Data sinne	d (Month, Dey, Y	(asr)
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	1		Million	Om Ch			2000	1	0/1	8/9/	
	7		30. Name and address of person who	pieted cause of death (Ite	m 23a) (Type, Pr	int)	D 0605	2 -	. /	710%	c
	/		WIIIAM +	· JONES,	mo		695 1	meric	A C	xi U J	7
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registrar's Sign	AND LOCAL						



Items: 16ab, 19ab Per Anatomy Board Film G-757 3-11-98RC Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25523 ITEM: 17 per FH G-750 8-25-97 eoh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month 08 **Physician** /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Daath URSING Age (In yrs. last birthday) If Under 1 Yaar Birthpiece (State or Foraign Country) **Funeral** 285 Hours Months Days Director Maryland Usual Residence of Dacedent with the Maryland 10a. Stete 10b. County Item 27 ie marked other than "natural", or items 23a or 28a-f ahow other traumetic event, the Medical Examination was be notified at 10c. City. Town or Location 10d. Inside City Limits Director Maryland Harford 1 ☐ Yes 2√ No Belcamp 10e, Street and Number 10f. Zip Code 10g. Citizan of What Country? 21017 U.S.A. 1123 Belcamp Garth Funeral death 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Giva 11. Maritai Status Was Decedent of Hispanic Origin? (Spacify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iter any Injury or other traumatic event 1 Never Married 2 Married Maryland 21215-0020 White 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) unknown Shoe Company unknown Seamstress 17. Father's Neme (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumeme) Joseph BEM Domm Anna Zelenka 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Route Number, City or Town, State, Zip Code) unknown P.O. Box 550062, Burmingham, Alabama 35255-ca of Disposition (Name of Deta 20c. Location - City or Town, State 0062 unknown Lorraine Bem/Daughter Baltimore, 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 0062 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 Donation 5 ☐ Other (Specify) 21. Signature of Fune al Service Licensae Ronald Ronald S Wade, Director State Anatomy Board, 655 W Baltimore, Maryland 21201

11. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or raspiratory errast, or heart failure. List only one couse on each line. <sup>22</sup> Name and Address of Fecility State Anatomy Board, 655 W. Baltimore Street Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) en **Examiner** Examiner The law requires that the death certificate be executed buniel-trensit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events rasulting in deeth) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): signed by the d Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ certificate hes been si irector, pege 2 should Completed 24b. Were eutopsy findings available prior to completion of ceuse of death? 24e. Wes en eutopsy performed? 1 Tes 1 ☐ Yes 2000 To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certification of the funeral director, but the funeral director, it is a second to the funeral director, it is a second to the funeral director. Be 25. Was case referred to medicel 26. Place of Deeth (Check only one) 1 Yas 2 No Other: Norsing Home 5 Residence 6 Other (Specify) Medicai Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatlant 3 ☐ DOA 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Naturai 5 Pending 1 Yes 2 No Investigetion 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 - Homicide Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) and menner es steted 29a. Certifier 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date and plece, end due to the ceuse(s) and manner stated. 29b. Signature and t 29d. Date signed (Month, Day, Year) 1997 impleted cause of deeth (Item 23e) (Type, Print) - WAX Suci 31. Date filled (Month, Day, Yeer) AUG 2 5 1997 32. Registrar's Signature State

**DHMH 16 Ray 6/95** 

Tan Saus

Min.

NIA

10d. Inside City Limits

1 Yes 2 No

8. Date of Birth (Month, Day, Year)

MAR. 20, 1927 NORTH CAROLINA

10a. Citizen of What Country?

45A.

16b. Kind of Business/Industry

8-7-97 OWINGS MILLS, MD.

14. Race - American Indien, Black, White, etc.

Specify: BLACK

BETHLEHEM STEEL

JONES

tem1 8-25-97	State of Maryland	d / Department of Health and Certificate of Death			25521
	1. Decedent'a Name (First, Middle, Last)  West Lee Boyer  Boyd		2. Date of Death	Day Year	3. Time of De
	4a. Facility Name (If not institution, give street and number)	4b. City, Town, or		4c. County of Death	

Physician	
/Medical	
Examiner	

HOSPITAL) SECOUR BALTIHORE
If Under 24 Hrs. 8 Date of Birth 6. Sex 1 M M 2 □ F 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) **Funeral** 219-28-4649
Usual Residence of Decedent Months Days Hours Yrs. Director 10a State 10b. County 10c. City, Town or Location 28a-f show traumatic event, the Medical Examiner must be notified Director NIA BALTIHORE MARYLAND with the 10e. Street and Number 6 913 WICKLOW 238 ROAD Funeral death Herne ; 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Year or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Status Pages 1 and 2 should be filed within 72 hours after 1 ☐ Never Married 2 Merried 21215-0020 6 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced natural', Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) nt of Health and Mental Hygiena.

If item 27 is marked other than or other trainment. College (1-4or 5+) GRADE LABORER 17. Father's Name (First, Middle, Last) Baltimore, Maryland 18. Mother's Name (First, Middle, Malden Sumame) Be WRIGHT 2 MAGNOLIA 19a. Informant's Name/Relationship (Type, Print) 9b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARYLINE BOYD (WIFE) 913 WICKLOW ROAD, BALTIHORE, MD. 21229

Oa. Method of Disposition

1 M Burial 2 Cremation 3 Removal from State

Oa. Method of Date

20b. Place of Disposition (Name of cemetery, crematory or of ther place) 20a. Method of Disposition

1 ■ Burlal 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any injury or once. GARRISON FOREST 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee TOSE PH H. BROWN JR. FUNERAL Home 2140 N. FULTON AVE. BALTIHORE HD. 21217 Neart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final (ondeac arres disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner neumoma optat or Attending Physician: The law requires that the death certificate be associated ours attacfasth.

The area Director: After this certificate has been signed by the attending physician and filled in by the Internal director, page 2 should be deteched for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) resteurion Part II. Other significant conditiona contributing to death but not resulting in the underlying cause given in Part I. þ Be Completed 25. Was case referred to medical examiner? 1 Yes 2 No 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 1 Alatural 28c. Injury at Work? Certification: 28b. Time of 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled I Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number MHO de 30. Name and address of berson who completed cause of death (Item 23a) (Type, Print)

JULIANNA BARSONY, MD, IN KINSMAN VIEW

Approximate Interval Between Onset and Death 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Route Number, City or Town, State) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year) SILVER SPRING, CIRCLE 20901

State Registrar

31. Date filed (Month, Day, Year) AUG 2 5 1997



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	Physici	an	1. Decedent's Name (First, Middle, La	ist)				te of	Death	Mon	of Deet		1 9 9 7		of Death
	/Medi Examir	cal	Anna Hiener  4e. Fecility Neme (If not institution, give		r)	offer				Aug , or Location of		21 4c. Count	y of Death	4:4	0 pm
	Funeral Director		082-09-0518		ewood Age (In yrs. k 94			r 1 Year Deys		Hrs. R Dete	of Birth oth, Dey,	Year) 1903	9. Birthi Coul Gerr	olece (Stet	e or Foreigi
	death with the Maryland rins 23a or 23a-f show Linual be notified at	Director	Usuel Residence of Decedent  10a. Siete 10b. County  Maryland N/A			Town or Lo	9								City Llmits es 2 □ No
	s 23a or 3 must be n		10e. Street and Number 6000 Bellona Aver					2121			l	Og. Citizen of Jnited	State	es	
8		by Funeral	11. Maritei Status  1 □ Never Merrled 2 □ Merrled  3 ☒ Widowed 4 □ Divorced	12. Was Deceden Armed Forces 1  Yes 2  If Yes, Give Yeer or Detes:	? ] No	If Yes, specify Cuben, Mexican, Puerti					or No- tc.)	Bia	ca - Americack, White,	etc.	
21245		Completed	15. Decedent's E (Specify only highest grant properties) (0-12)	ducation ade com <i>pleted)</i> College (1-4or	5+)	16a. Deced (Give life.	kind of wo DO NOT u	ork done se retire	pation du <i>ring</i> most o d)	f working		dustry			
Maryland	nould be file 3 Mental Hy nerked othe netic event,	To Be C	17. Fether's Neme (First, Middle, Last  Joseph Hiener			18. Mother's Name (First, Middle, Melden Surneme)  Philomenia Rauch  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stell									
	es 1 and 2 st of Health and I litem 27 is n r other traum		20a. Method of Disposition	/ Cousin	00		E. He	athe	er Road		Air	, MD 21 20c. Location	1014		
Baltimore,	permit. Pages Department of I Important: If Its any injury or o page.		1 X Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special 21. Signeture of Funeral Service Licer Build at . W.	y) nsee Brian A	Gard	lens o	f Fai	th (	Cemeter ess of Facility	y 8/25/ Leonard 3 Baltimor	J. Ru	ck Fune	ral Ho	me, Ir	rc.
×	Physician /Medical		23e. Pert1. Enter the disease, or com shock, or heart failure. List only Immediate Ceuse (Final disease or condition	plications that cause one cause on each				de of dyl	ng, such as ca	rdiac or respira	atory erre	est,	-	Approxin interval E Onsel an	Between
	Examiner	Examiner	resulting in deeth)	b. Dene	Due to (or	es e consec	quence of)						-		
Box 68760,	death certificate be executed attending physician and of for use as the buriel-transit	cai	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	c		es a conseq									
s, P.O. Bo	that the cled by the detachex	by Physician/Medi	Part II. Other significant conditions of	ontributing to death l	but not resul	lting In the u	nderlying (	cause gi	ven in Pert I.	238		bacco use co	ontribute t		of death
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ion of \	inding Physician: ath. ir: After this certific he funeral director.	ation: To	1 Yes 2 No  27. Menner of Death 1 Neturel 5 Pending 2 Accident Investigation	1 ☐ Inpat 28e. Dete of Inj (Month, Da		R/Outpetier 28b. Time of Injury		28c. Inju Wo				ow Injury occu		ý)	

To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: Atter this completely filled in by the funeral or **Division** o

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) and menner stated.

29b. Signeture and title of cartifier

6 Could not be determined

29c. License number 29d. Dete signed (Month, Dey, Year)

D28987

8-22-97

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

SGOI LOCH RAVEN BLUD

BALTO, MD. 21239

State Registrar

Medical Certification:

3 ☐ Sulcide

29a. Certifier (Check only one)

4 Homicide

CARL SPERLING, M.D.

31. Date filed (Month, Day, Year)

AUG 2 5 1997



97-4455-510 UNK.97-171

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

25526

Physician
/Medicai
Examiner

JEANENNE BOSTON

Certificate of Death

3. Time of Death

**Funeral** Director

Director 8 Baltimore, Maryland 21215-002 Completed Hygiere.

Pages 1 and 2 should be the ment of Health and Mental H ant: If hem 27 is marked off Department of Health Important: If Nem 27 ò

**Physician** /Medical Examiner

Box 68760.

Records, P.O.

Division of Vital

physician and the burial-transit The law requires that the death certificate be executed USB BS signed by t peen paga 2 certificata the Hospital or Attanding Physician: thin 24 hours after death. the Funeral Director: After this certifics mpletely filled in by the funeral director, I within 2 To the

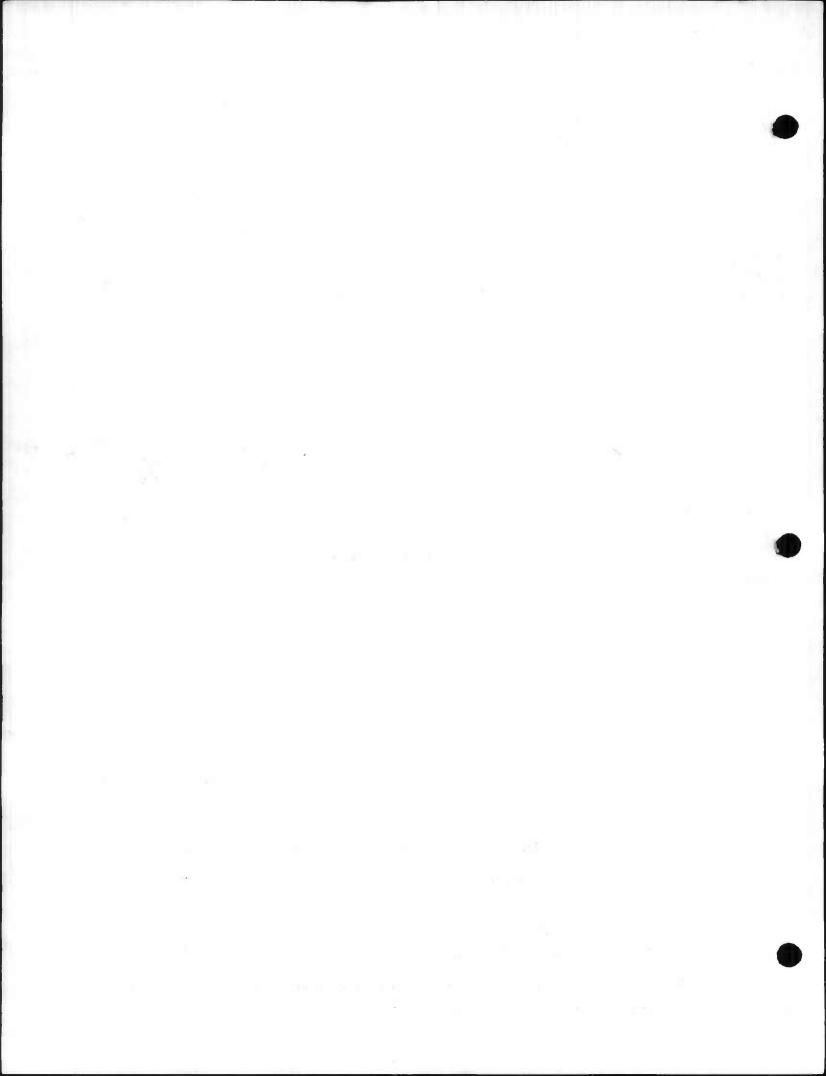
1. Decedent's Name (First, Middle, Last) 2. Date of Death AUGUST 08,1997 3:38 P JENEEN INDIA BOSTON 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 2917 BRIGHTON ST IN YARD BALTIMORE If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 11/21/72 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2 F Yrs. 220-32-3095 24 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No HD Baltimore 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 2935 Westwood Avenue 21216 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☑ Never Married 2 ☐ Married 1 ☐ Yes 2 Z No Specify: Specify: Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) lltn Grade Student 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Tony Boston Harion Hurphy 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marion Richardson - Mother 2725 Walbrook Avenue, Apt. 112, Baltimore, AD 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory 08/19/97 Baltimore, FiD 22. Name and Address of Facility Unity Funeral Home, 108 W. North Avenue 21. Signature of Funeral Service Licenses 21201 - (410) 752-4941 Baltimore, MD Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate tnterval Between Onset and Death Immediate Cause (Final Narcotic intoxication disease or condition resulting in death) Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of) Part It. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) YARD Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 tXXYes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending investigation 1 Natural Found 8-8-97 1 ☐ Yes 2 ☐ No Unk. 2 Accident Unknown 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homlcide Unknown 29a. Certifie 1 Certifying Physicten: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

\*\*Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai one) 29b. Signature a and title of certifles 29c. License number 29d. Date signed (Month, Day, Year) OCME AUGUST 09.1997 who completed cause of death (Item 23a) (Type, Print) MO

111 Penn Street, Baltimore, Maryland 21201

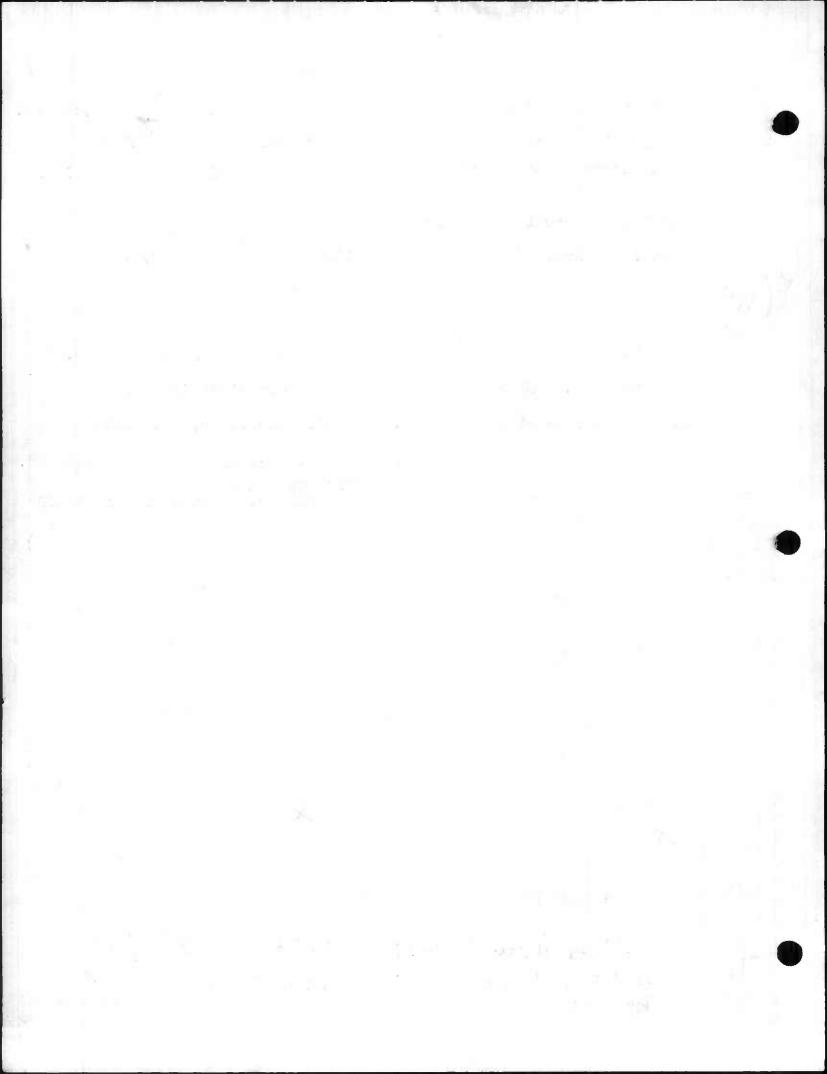
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State Registrar



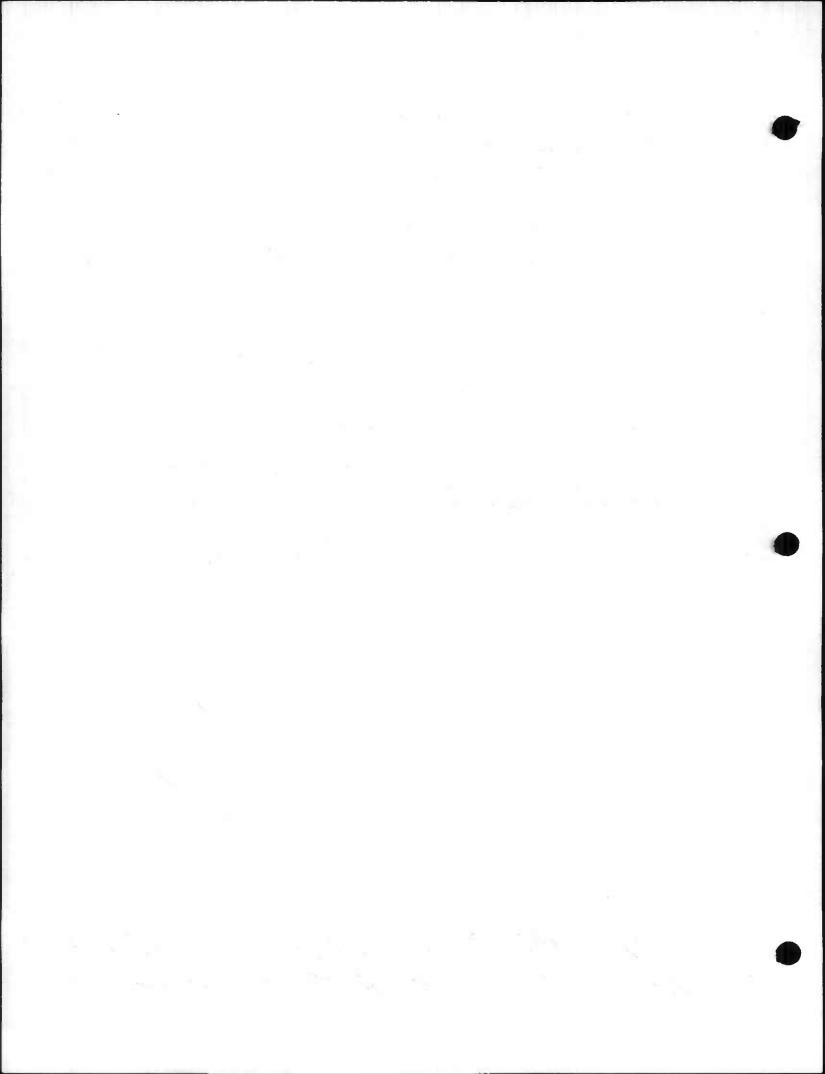
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97

								Death			Reg. No.		
walata	-	I. Decedent's Name (First, Middla, La	nst)							2. Date of De	eath	Vari	3. Time of Death
nysician Medicai		Clayton LeRo	y Black							Aug.	22, 19	Year	9:05 pm
kaminer		a. Facility Name (If not institution, given	ve street and number	r)			4	b. City, To	own, or Lo	cation of Deat		ty of Death	
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nerai ctor			Sax, 7. A	ige (In yrs. las	st birthday) Yrs.	If Under 1 Months I	Yaar Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De April	25, 19		place (State or Foreign ptry) laryland
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notifie	M	laryland Carro	oll	Ma	nche	ster							1 XYes 2 □ No
eral Director	1	0e. Street and Numbar				10f. Zip C	ode				10g. Citizen of	What Cou	intry?
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- The second sec		George Henry	Black					La	ura	Virgi	nia My	ers	
- F		19a. Informant's Name/Relationship (	Type, Print)		19b. Mailir	ng Address (5	Street a			and the second second	er, City or Town		p Code)
or other traumatic	D	orothy Black -	- wife								, Md.		
othe		Oa. Method of Disposition	11220	20b. Plac	ce of Dispo	sition (Name natory or other	of	9 1-10	anton	Date	20c. Location		
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Se .		4 ☐ Donation 5 ☐ Other (Specifical Signature of Funeral Service Licer	<u> </u>	MeM	Luc	neran	UE	em.	Aug.	25,1	997 Ma	nche	ster, Md
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State of Maryland / Department of Health and Mental Hygiene 97 25528

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Physicia		1. Decedent's Name (First, Middle, La	st)	0 1			2. Date of De Month		Year 3. Time of D
/Medic		William	C.	Baie	r		August	22,19	( ) ( )
Examin	er	4a. Facility Name (If not institution, give	0.				or Location of Death	4c. County	of Deeth
		6921 Con1	ey Stre			Ba	Himore		NIA
Funeral		5. Social Security Number 6. S	7. Age	(In yrs. last birthday	Months D		Hrs. 8. Dete of Bir Min. (Month, Da	h y, Year)	9. Birthplace (State or Country)
Director		Usual Residence of Decedent		1 6 118.			may	3,1925	Ma
pust H		10a. State 10b. County		10c. City, Town or L	ocation				10d. Inside City
Many Hab	ō	Md	/ /	Balti	mare				1 ☑ Yes
the N 20a-f notifie	Se l	10e. Street end Number	A	Carri	10f. Zip Co	de		10g. Citizen of V	Whet Country?
	0	6921 Con1	PII Street	0 +		111114		1.1	SA
(ELIM)	Funeral Director	11. Marital Status	12. Was Decedent Ev	ver in U,S. 13.	. Was Decedent	of Hispanic Orlgin	? (Specify Yes or No uerto Ricen, etc.)	14. Rac	e - American Indian,
VALLEY	F	1 ☑ Never Married 2 ☐ Marrled	Armed Forces? 1				uerto Hicen, etc.)		ck, White, etc.
	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1□Yes 2□	No Specify:		Specify	"White
72 T	Completed	15. Decedent's Ed (Specify only highest gre	ducation	16a. Dec	edent's Usual O	ccupation lone during most of etired)	working	16b. Kind of Bu	usiness/Industry
A the same	10	Elementary/Secondary (0-12)	College (1-4or 5+)					1	1. 1-
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be file d othe event,	Be	17. Father's Neme (First, Middle, Last)	1	_		18. Mother's	Neme (First, Middle,	Meiden Sumem	10)
2 should be and Mental is marked aumatic ev	٢	John H. B	galer J	r.		10	· Wi	g nT	
		19a. Informant's Name/Relationship (1			2		r Rural Route Number		
1 and 1 Health Am 27 is	-	Robert Sum	ner	20b. Place of Disp		onley	Street		o. md 21
Pages nent of h		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removel from State	cometery, cre	ematory or other	r plece)	Date	20c. Location -	City or Town, State
omit. Pages 1 ar Jepartment of Hea Moortant: If Itam iny Injury or other	1	4 ☐ Donation 5 ☐ Other (Specify	*		iwn Ci	emetery	18-26-97	Balto	., md.
permit. Pages 1 and Department of Health Important: If Itam 27 any Injury or other to		21. Signature of Funeral Service Licen	0	^ 4	22. Name and A	ddress of Facility			6224 Easte
- 003 60		Superd t	Denn	det (	Charles	S. Ze	iler & Sor	INC.	Balto, md. 2
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Physician	ı								Onset and De
/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	e. M	etasta	atic	Head	1/201/	Cance	
	- 1				-1-1-0	11090	Neck	Carice	r 2 46
	4	resulting in death)	D	ue to (or as e conse	aquence of):	11094	NECK	cance	n 2 ye
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Harrid Henshow Brown 8 1100 ans 20 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Univ of MD Shock Trauma. Baltmon Hours Min. 8. Date of Birth NOV 26 1914 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthplace (State or Foreign Country)
New York **Funeral** 15M 20 F Months Days 578 054192 82 Yrs **Director** Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified 1 ☐ Yes 2 XNo Director Anne Arundel Crofton 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Items 23a 1621 Dryden Way 21114 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1∑ Yes 2 □ No If Yes, Give Year or Dates: WWII Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. 11. Marital Status 1 Naver Married 2 ☐ Married b 1 Yes № No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) (Specify only highest grada completed) Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Airlines 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be 2 Arthur R. Brown Ida Kesterton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2.
Department of Health a Important: If Item 27 is any injury or other tra Tom Pendleton/Personal Rep 1886 Harcourt Ave., Crofton, MD 21114

20c. Method of Disposition (Name of Disposition Baltimore, 20b. Place of Disposition (Name of cemetery, cramatory or other place) 1 ☐ Burial 2X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 8/22/97 Baltimore, MD Metro Crematory Signature of Funeral Servide Licega 22. Name and Address of Facility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, arr 23a. Part1. Enter the disease, or complications that caused the down. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate nterval Between Onset and Death **Physician** /Medical Immadiata Causa (Final Multiple injuries with complication 5 days disease or condition resulting in death) Examiner Due to (or as a consequence of): physician and s the burial-transit Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 1 Yes 2 No 1 Yes 2 No • Hospital or Attending Physician: 24 hours after death. • Funeral Director: After this certifica 25. Was case raferred to medical axaminar? Be 28. Place of Death (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: 5 Panding Injury 1 Natural Briverin rehich that strucks 1 ☐ Yes 2 No invastigation 8115197 0853 A M 2 Accidant tree 6 ☐ Could not be determined 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Spacify) Location (Streat and Number of Rural Route Number, City or Town, State) VLS Torrid Cutyne Av 4 Homicida Millersville Mp Rte 214 29a. Certifier Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

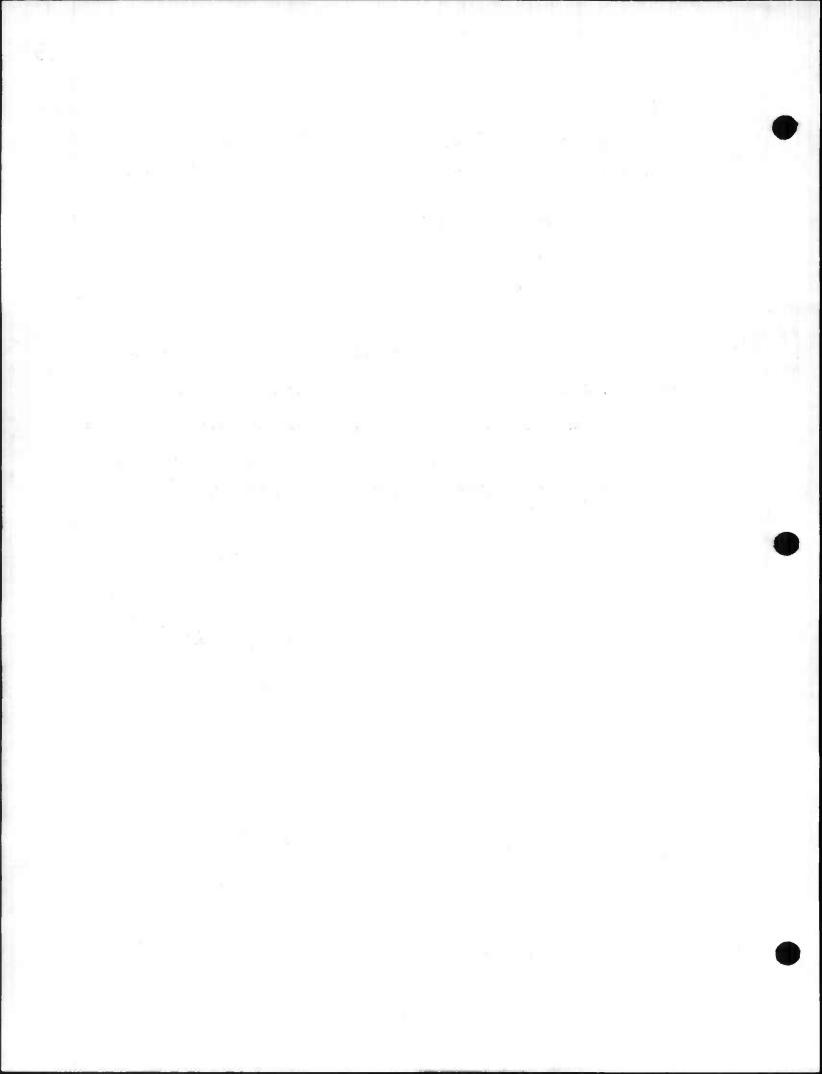
Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) To the To To the Complete 29b. Signature and titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) Kerm L Glysmon MD 051171-L (PA) 8/22/97 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) University of Maryland, Green St., Bottimory, mo MD-

State Registrar 31. Date filed (Month, Day, Year)

AUG 2 5 1997

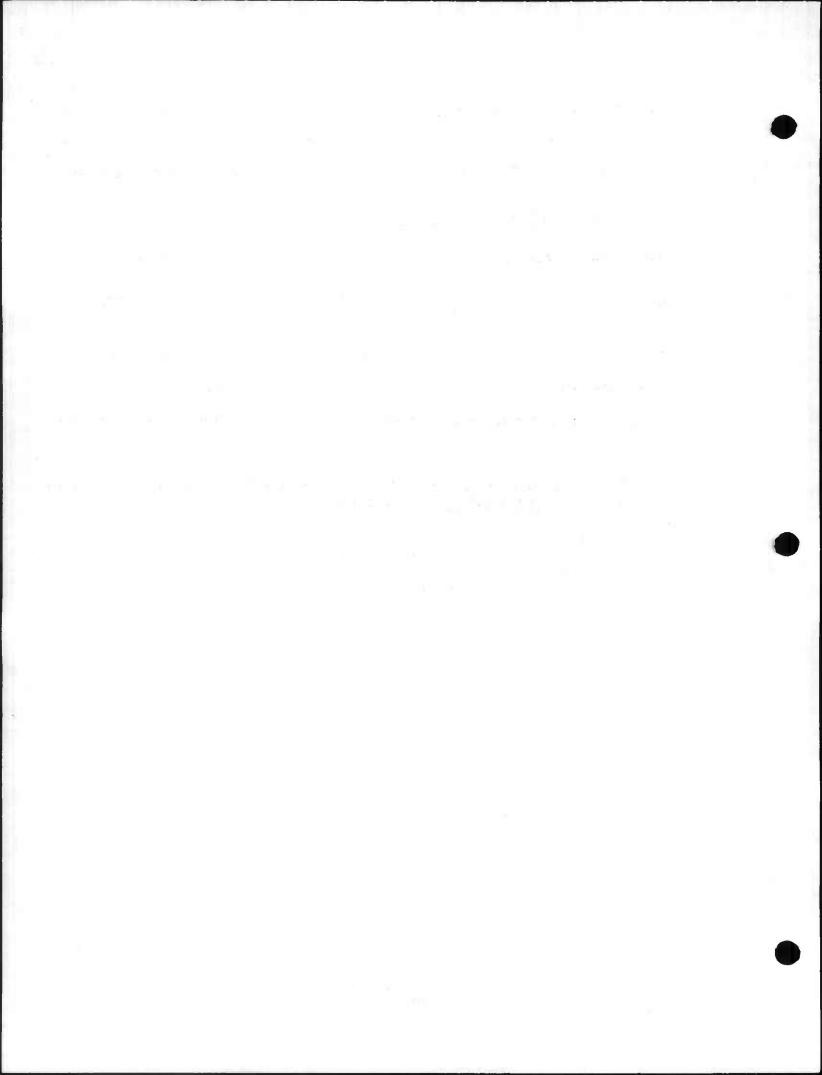
32. Registrar's Signatura

Julia Varidon Bandalle

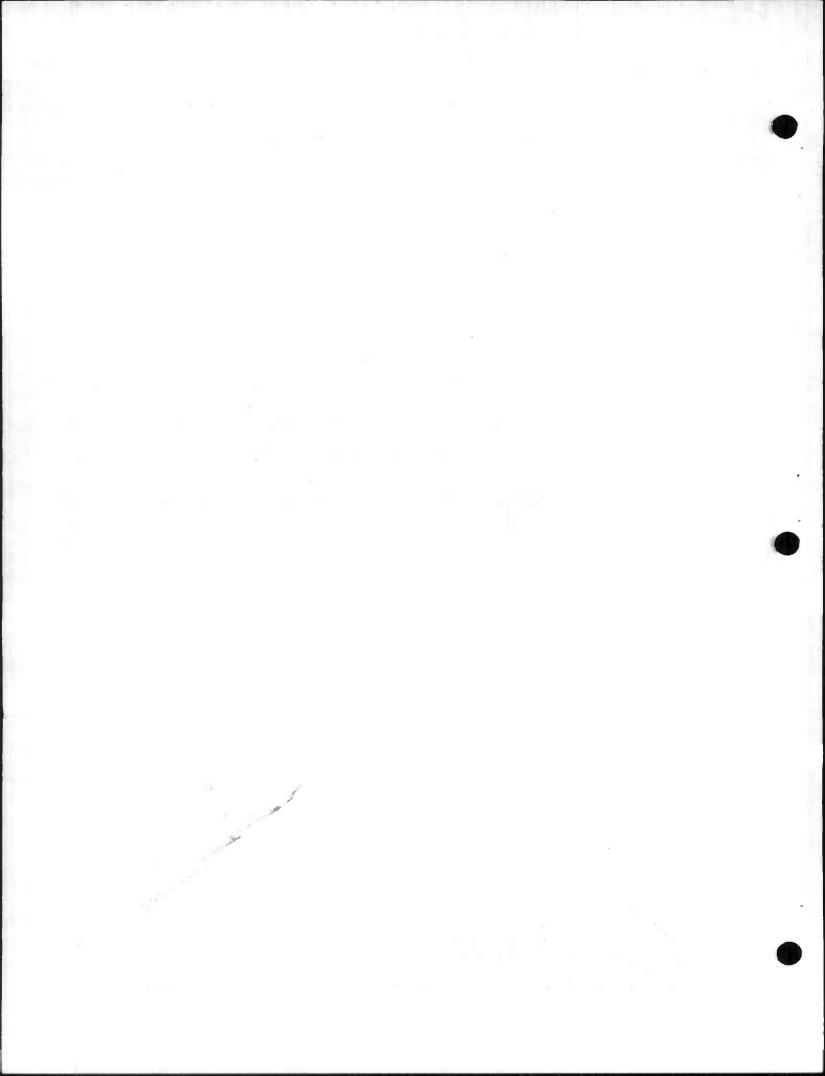


State of Maryland / Department of Health and Mental Hygiene 97 25530

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	Physic /Medi		Catherine		B	enne	+					AUGUS	+ 18	1997	7:4	10 A
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			Sinai Hospit	a/						Bai	tim	ore	Bal	tomo	re ci	tu
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	Director		217-14-9248	1	□M 2☑F	93	Y	rs. Mont	hs Dey	rs Hours	Min.	Jan.	1, 1904		yland	
	P		Usual Residence of Decedant													
	show	_	10a. Stete 10b. County	4		10c.	City, Town	or Location						1	IOd. Inside (	
	e Me	cto	Maryland Balt	im	ore Cit	y E	Baltin	nore							M Ye	s 2 No
	15 P	Director	10e. Street end Number					10f.	Zip Code				10g. Citizen of	of Whet Country?		
	∰ 23a	la l	2702 Keywort	:h	Avenue				212	215			U.S.A	•		
	within 72 hours effer death with the Maryland ene. then "natural", or items 23e or 28e-f show he Medical Evantive must be notified at	Funeral	11. Maritel Stetus		12. Wes Dec	edent Ever in	ı U,S.	13. Was De	cedent o	f Hispenic O	rigin? (Sp	ecify Yes or No Rican, etc.)		ece - Americ		
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3	should be ind Mental I marked or	2	Benney Herbe	-								Butler				
Maryland	C/ 10 12 6		19e. Informant's Name/Reletion			1							er, City or Town			0.0
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	90 5		20e. Mathod of Disposition	3 □	Removel from		cametery	Disposition ( r, cremetory	vama or or other p	elace)	i	Dete	20c. Location	- City or To	wn, Stete	
			4 ® Donetion 5 Other (Specify)													
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ш	202 % 3		Marini		11/1	200	CCLOI					d 21201		THOLE	, stre	eL
			23a Part1. Enter the disease, o	r com	plications that	caused tha de	eath. Do no								Approxima Intervel Be	ate
	Physician		shock, or heart failure. List only one cause on sech lins.											1	Onset end	
	/Medical		Immediate Cause (Final disease or condition e. metabolic disturbance											30 mi	nites	
	Examiner		resulting in deeth)		θ.			onsaquenca							,0 ,,,,	,,,,,,,
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	entificate be executed ding physician and se as the buriel-transit	Examiner	Sequantially list conditions,		Ь			onsequance	of):							
Ö,	e exe	Ü	Sequantially list conditions, if any, laeding to immadiate cause. Enter Underlying													
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	iaw requires that the deeth ias been signed by the atter 2 should be deteched for i	Physician	Pert II. Other eignificant condition	ons c	ontributing to d	leath but not i	resulting in	the underlyin	g causa	givan in Pert	l.	23b. Dld	tobacco uae c	ontribute to	the cauer	of death?
0.	that the	Phy										1 🗆	Yes 2□ No	3 Prof	bably 45	Unknow
	es the	by														
Records,	v require been si should	ted										24a. Wes	en eutopsy ormed?		ere eutopsy eileble prior	
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r	0 - 0	Completed										1 🗆	Yas 2 No	10	Yes 2	□No
or Vital		Вес	25. Wes casa raferred to medica	al						28. Plac	e of Deet	th (Check only	one)			
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Ö	Attending or death.	atio	1 Natural 5 ☐ Pendii 2 ☐ Accident Investi			mi, Dey real,	, in	jury M		Yes 2	No					
DIVISION		tifle	3 ☐ Sulcide 6 ☐ Could datem		289. PIECE	e of Injury - A	t home, fen	m, straat, fac	tory, offic	a		28f. Location	Street and Num	ber or Rura	il Route Nu	mber,
5	s effective	Certification:	4 El Homodo		bulla	ing, etc. (Spe	сну)					Chy or 10	WII, Siele)			
	hour hour life fills		29a. Certifier 1 Certifyli	ng Ph	ysician: To the	best of my k	nowledga,	daath occurr	ed et the	tima, data a	nd placa,	end due to tha	cause(s) and m	nennar es si	tatad.	
	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	one) end manner stelled.										(s)				
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,			30. Nama and eddress of person	who o	completed caus	sa of daeth (I	tem 23e) (T	ype, Print)			P		29d. Dete sign			
			Heather Boxen			). 511	nait	tospit	al 1	Baltor	nor	e ma	ryland	1		
	Sta	ite	31. Dete filed (Month, Day, Year,	)	1 0 370	Angistrar's Sy										
	Registr	ar	AUG 25 1997		gunary	V(digos )		1								



IL IEI	Items:23	a p	art I 27 28a-f per MEO BARTHLOW	State of N G-750 8/26	Maryland /97 dh				lealth an	d Me		ene 9	7	25	531
			1. Decedent'a Neme (First, Middla, La							2.	Date of Death			3. Tin	ne of Death
	Physici /Medi		Melvin T	heodore	BARTHI	LOW				A	Month	17 1	997	9:	54 PM
	Examir		4a. Facility Name (If not institution, giv	a straet end numbe	r)				4b. City, Town	, or Loca	tion of Daath	4c. County	-		
			240 E.7th. STF	REET					FREDE	RICK		FRED	ERIC	K	
	Funeral Director		5. Social Security Number 6. S 213–42–1343	Sex. 7. /	Age (In yrs. le 53	st birthday) Yrs.	If Under Months	1 Yaar Days		Min.	Date of Birth (Month, Dey, VOV. 24	Year) ,1943	Cou	plece (St ntry) ylane	ete o <i>r Foreig</i> n
ь			Usual Residence of Decedent								104. 21	,1713	TICIL	y Lair	
	how I		10a. State 10b. County	1		Town or Lo						7			de City Limits
	Ma e Ma	ctor	Maryland Frederi	CK	Fre	ederio	ck							1 🔯	Yes 2 ☐ No
	₩ 50 00 00 00 00 00 00 00 00 00 00 00 00	Director	10e. Street and Number				10f. Zip				10	g. Citizen of		intry?	
	23a	a	240 East Sevent	h Street				2	1701			U.	S.A.		
21215-0020	J within 72 hours after death with the Maryland Jiana. Than "natural", or Items 23a or 28s-f ehow The Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Married  Widowed 4 Divorced	12. Was Decedar Armed Forces 1  Yas 2 If Yes, Give Year or Dates	s? ] No		Was Daced if Yes, spec 1 \( \text{Yes} \) 2		Hispanic Origin an, Mexican, P Specify:	? (Specif Puerto Ric	y Yes or No- ean, etc.)	Bla	ce - Amari ck, White y: Wh	etc.	ń,
Ö	2 hou		15. Decedent's E	ducation		16a, Dece	dent's Usue	i Occup	pation		1	6b. Kind of B	usiness/Ir	ndustry	
215	hin 7.	Completed	(Specify only highest gre Elementery/Secondary (0-12)	ede completed) College (1-4o	(54)	(Give	kind of wor DO NOT us	k done se retire	during most of d)	f working					
21	TO DE	E O	12	College (1-40	1 34)	Orc	derly					Hosp	ital		
	be filed htal Hygin d other event, II	Bec	17. Father'a Name (First, Middle, Last,	)					18. Mother's	Name (F	First, Middle, M	eiden Sumer	ne)		F1 F1
Maryland		ToE	William	E. BART	HLOW,	SR.			Ha	aze1		BRIG	HTWE	LL	
lan	s 1 and 2 should f Haalth and Mer ttem 27 is marke other traumatic	]	19a. Informant's Name/Relationship (			19b. Maili	ng Address	(Street	end Number	or Rural F	loute Number,	City or Town	, Stete, Zi	p Code)	
	and asith n 27		William E. Barth	low, Jr.,					Street,	, My $\epsilon$	ersville	e, Mar	ylan	d 21	773
ore	or oth		20a. Method of Disposition 1 ABurial 2 ☐ Cremation 3 ☐	Removal from Stat	20b. Pla	metery, cre	natory or o	na of ther ple	y, Aug.	04	Date 2	Oc. Location			
E	nit. Pages vartment of ortant: If its Injury or o		4 Donation 5 Othar (Specif		" Mou	nt Oliv	vet Cem	eter	y, Aug.	21, 1	997	Freder	ick,	Mar	yland
Baltimore,	permit. Pages 1 and Department of Haalth Important: If Item 27 any Injury or other tr		21. Signeture of Funeral Service Licer	4 1	M00255		Keene	y a			P.A. F				
	_	Н	23a. Part 1. Enter the disease, or com shock, or heart failure. List only		MOO255	-	.06 Ea	st	Church	St.,	Frede:	rick,	Md.	2170	
	Physician /Medical Examiner	ıer	Immediate Cause (Final disasse or condition resulting in death)	a. DROW	NING	as e conse									i Between and Death
,160,	ita be axecuted iysician and ha burial-transit	i Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or	es e conse	quence of):								
	that the death certificata to by the attanding physic detached for use as the to	Physician/Medical	that initiated events resulting in daeth) Last	d	Due to (or	as a consec	quance of):								
m	d for	cla	Part II. Other significant conditions of	ontributing to death	but not rooul	tina in the s	andorfulna o	01100 Oh	uon la Doct I	-	23h Did toh	2000 1100 00	o tribute i	the on	use of death?
О. О.	hat the d		Fatti. Other significant conquiona c	onthouling to death	but not resur	ang in the t	inderlying ca	ause gr	ven in Pert I.			s 2 No			4 Unknow
	aw requires that is bean signed b 2 should be dete	Completed by									24a. Was an perform		a	valiable p	psy findings rior to n of cause
œ	The law ate has t page 2 s	mo.									1 Yes	s 2 No	1	Yes	2□ No
ta		Be	25. Wes case referred to medical						26. Place of	Death (	Check only one	)	/		
2	nysic is ca direct	To	exeminer? 1X Yes 2 □ No	Hospital: 1 Inpa	tient 2 E	R/Outpatie	nt 3 DO	A Ott	her: 4 Nursi	ing Homa	5 Resider	nce 6 🗆 Otl	her (Spec	ify)	
n of	Attending Physician: r death. ector: After this cartific by the funeral director,		27. Menner of Death 1 □ Natural 5 □ Pending	28a. Date of Ir (Month, L	jury Dev Year)	28b. Time o	of 2	8c. Inju Wo	ry at	28	d. Describe hov	w injury occu-	rred		
000	endir sath. or: Al	atic	2 Accident Investigation	8/17/97	-	unknown	M		Yas 2 XXNo	sul	ject hel	d under	wate	r	
Division	rection by t	Certification:	3 ☐ Sulcida 6 ☐ Could not b 4 XXHomIcide determined	28e. Placa of I	njury - At honetc. (Specify)	ne, farm, st	reet, factory	, offica			Location (Str. City or Town,	eet end Num	bar or Rui	ral Routa	Number,
Ω	ital or in Direction			home in						F	rederick,			011. 01	•••
	To the Hospital or Attending Physician: In 24 hours after dealt as a feet dealth is cartific completely lilled in by the funeral director,	edicai	29a. Certifier  1☐ Certifying Ph  3☐ Medical Exam	ysician: To the bes niner: On the basis and manner	of examinetic	iedge, deat on end/or in	h occurred exvestigation,	et the ti	me, date and popinion, deeth	olaca, end	due to the cer	use(s) end m	enner as and due	steted. to the ceu	use(s)
	within 2 To the comple	Σ	29b. Signature and title of certifier	10			290	. Licens	se number		29	d. Date signe	ed (Month	Day, Ye	ar)
			1 ( / Can	torle	MA			o.c	.M.E.		JA	JGUST	18,	199	7
			30 Neme and eddress of person who						D. 3						
	Sta		31. Dete filed (Month, Dey, Year)		trar's Signatu	ıre		eet	, Bali	c 1mo	re, Ma	aryıa	na 2	120	Ţ
	Registr	ar	AUG 2 5 19	97	the David	son-Ra	ndell								



State of Maryland / Department of Health and Mental Hygiene

CROSBY Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** AUGUST 19,1997 04:50 AM Lagant Crosby /Medical 4b. City, Town, or Location of Death 4e. Facility Nama (If not Institution, give street end number) 4c. County of Death Examiner INTERSTATE 695 at INTERSTATE 83 N Baltimore Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)

Dec. 11 1 5. Social Security Number 7. Age (In yrs. last birthday) 29 Yrs. If Undar 1 Yaar Birthplaca (Stata or Foraign Country)
 MD **Funeral** 1X M 2 □ F Months Days 214-78-3571 1967 Director Usual Rasidance of Decedant 10a. Steta 10b. County 10c. City. Town or Location 10d. Inside City Limits MD NA Baltimore 1 Nes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? must be n 3418 Rockwood Avenue 21215 USA Funeral 12. Was Decedant Evar in U,S Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Rece - American Indien Black, Whita, etc. Never Merried 2 Married 1 ☐ Yas 2 XNo If Yes, Give Yaar or Datas: 1 ☐ Yes 2 ☑ No Specify: Specify: py 3 Widowed 4 Divorced BLACK Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) 12th College (1-4or 5+) NA TRUCK DRIVER OIL COMPANY Baltimore, Maryland 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Pages 1 and 2 should be fit ment of Health and Mental H ant: If flem 27 is marked oth Be Walter Crosby Belinda Chambers 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Edna Chambers-Grandmother 3418 Rockwood Ave. Balto., Md 21215 20b. Place of Disposition (Nama of cematery, cramatory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Othar (Spacify) = 8 rtant: If 8-22-97 King Memorial Park Randallstown, 21. Signature of Funeral Sarvica Licensea 22. Nama and Address of Fecility March funeral Home-West 4300 Wabash Ave. Balto., Md intar tha moda of dying, such as cerdiac or raspiratory arrast, Part f. Enter the cluesas, or complications that caused the death. Do not antar shock, or heart to ure. List only one cause on each line. **Physician** Immediate Causa (Final disaasa or condition resulting in daath) /Medical Examiner Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed physician and the buriel-transit Sequentially list conditions, if any, laading to Immadiata ceuse. Enter Undarlying Causa (Disaasa or Injury that Initiated events rasulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequance of): 98 esn ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings availabla prior to complation of ceusa of death? 24a. Was an autopsy performed? hes pege 2□ No certificate Yas Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 MOthar (Specify) SCENE 1 Inpatiant 2 ER/Outpatient 3 DOA 2 1 Yes 2 No 28d. Describe how Injury occurred Sc 27. Mannar of Death 28b. Tima of Injury 28c. Injury at Work? Certification: struck Jersey well, caught 1 Natural 5 Panding Invastigation 8/18/97 deeth. 2 Accidant 2008 1 Yas 2 □ No ofter deet Director: 6 Could not be datermined ¶ Sulcida 281. Location (Straat and Number or Rusal Routa Number City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida vamp from estock Interpte 695 to worth found inter Hospital 24 hours 29a. Cartifian 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, data and place, end due to the cause(s) end manner es steled.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

within 2. To the F

State Registrar

(Check only one)

29b. Signetura and titla of certifian

30. Nama and address of person who comple

111 Penn Street, Baltimore, Maryland 21201

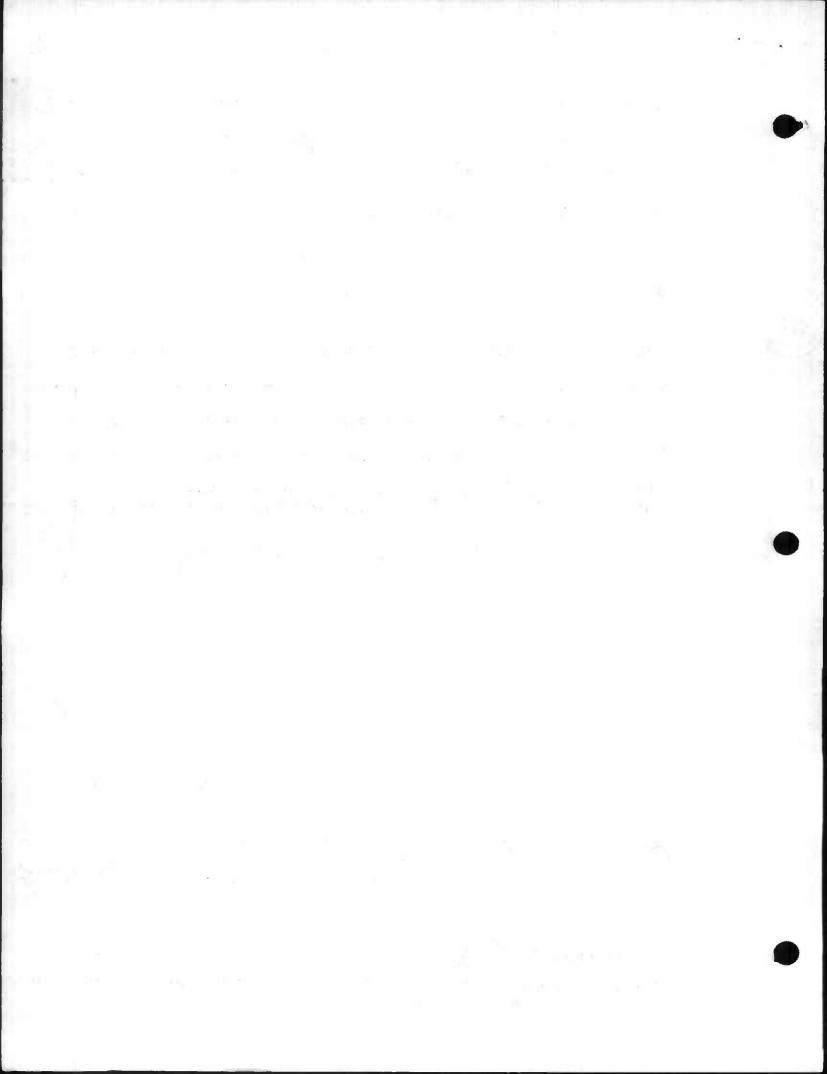
eted causa of dean (Item 23a) (Type, Print)

29c. Licansa number

OCME

29d. Deta signed (Month, Day, Yaar)

AUGUST 19, 1997



State of Maryland / Department of Health and Mental Hygiene

Item24a 8-25-97 FilmG750 W.H.Per Doctor

Certificate of Death

1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth **Physician** AUGUST 16, 1997 MARJORIE ELIZABETH CUNNINGHAM 9:43 A.M. /Medical 4a. Facility Nema (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth
ANNE ARUNDEL **Examiner** MARINER NURS. & REHAB. CENTER GLEN BURNIE 5. Sociel Security Number 220-20-9388 If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 8. Date of Birth 9. Birthplace (Stata or Foreign Country)
U.S.A. 7. Age (In yrs. lest birthday) **Funeral** 1 □ M 2 □ NF 77 Yrs. Director Usual Residence of Decedent deeth with the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. tnslda City Limits 7 is marked other than "naturel", or items 23a or 28a-f ehow traumatic svent, the Madical Examiner must be notified at MD ANNE ARUNDEL GLEN BURNIE 1 XYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen ot Whet Country? 1575 CURTIS AVENUE 21060 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or Notif Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter. Hygiene. 1 □ Naver Merried 2 □ Married Baltimore, Maryland 21215-0020 1□ Yas 2 No WHITE Specify: þ 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary Secondery (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Pages 1 and 2 should be front of Health end Mental Int: If them 27 is marked of JAMES DAVIS FRANCES YOK ္ 19e. Intormant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JOHN R. CUNNINGHAM - SON 1575 CURTIS AVE., GLEN BURNIE, MD 21060 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method ot Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removal trom State permit. Page Department of Important: If any injury or GLEN BURNIE, MD GLEN HAVEN MEM. PK. 8/18/97 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signa 22 RAYMOND C. FINK FUNERAL HOME 426 CRAIN HWY., SW., GLEN BURNIE, MD. 21061 complications that caused the deetl. Do not enter the mode of dying, such as cardiac or respiratory errest, and only one cause on each line. nterval Ret Onsat end Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner Due to (or es e consequence ot): certificate be axecuted burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events rasulting In deeth) Lest pue Due to (or es e consequence ot): Box 68760. nding physician Physiclan/Medical the Due to (or es e consequenca ot): 98 atten jo P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Nonknown Records, à 24e. Wes an autopsy performed? 24b Were eutopsy tindings available prior to Completed peen complation of cause of deeth? page 2 1 Yes 1 □ Yas 2 □ No certificate Division of Vital the Hospital or Attending Physician: 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No Aftar this 28c. Injury et Work? 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 1 Naturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident Director: d in by the 3 Suicide 6 Could not be 28t. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) within 24 hours after To the Funeral Direct 4 Homlcide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner es steled.

2 Madicat Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature end titu 29c. Licanse number 29d. Date signed (Month, Day, Year)

completed cause of death (Item 23a) (Type, Print)

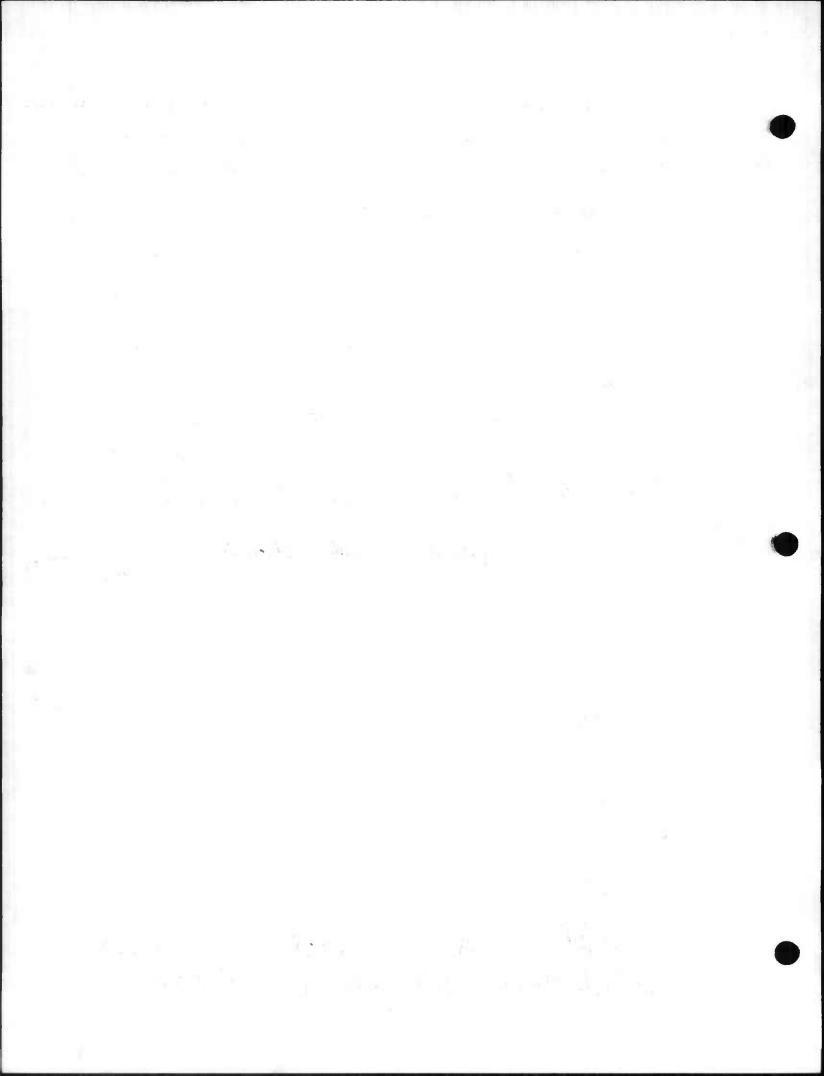
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32 Registrar's Signeture

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State Registrar 30. Neme and ac

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death Month **Physician** 10:33 PM Margaret M. Clunk 08 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Union Memorial Hospital 7. Aga (In yrs. last birthday) | H Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | March 18, Baltimore N/A 5. Social Security Number 9. Birthpiaca (Stota or Foreign Country) 1918 Maryland **Funeral** 1□M 2♥F Director 215-09-5630 Usual Residence of Decadent 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1X Yes 2□No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4729 Shamrock Avenue 21206 U. S. A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No if Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puarto Ricen, atc.) 14. Raca - Amaricen indian, Black, Whita, etc. 1 ☐ Never Marriad 2 🕅 Married 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 8th Grade Homemaker Own Home. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be John McManus Lillian Goonan 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 a Department of Health an Important: if itam 27 is any injury or other imponce. Thomas Clunk (Son) 3501 St. Paul St., Apt, 424, Baltimore, Md. 21218 20a. Method of Disposition 20b. Place of Disposition (Name of cametary, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) 8/18/97 Baltimore, Maryland Parkwood Cemetery 22. Name and Address of Facility Schimunek Funeral Home Inc. 21. Signature of Funeral Service Licansee 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part . Entar the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** /Medical immediate Cause (Finai hemorrhage hour disaasa or condition rasulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Due to (or as a consequenca of): Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part i. 23b. Did tobacco use contribute to the cause of death? Viabetes 1 Yes 2 No 3 Probably 4 Unknown mellitus Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performad? completion of causa of death? 2/2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Was casa raferred to medical examinar? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: → Impatiant 2 ER/Outpatient 3 DOA Certification: To 1 Yas 2 No 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Natural 5 Panding investigation 1 Yes 2 No 2 Accidant 6 Could not be datermined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Straet end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medicai 29a. Certifier De Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. (Check only one) 29b. Signature and the of certified 29c. Licanse number 29d. Date signed (Month, Dey, Year)

my Union Memorial Hospital, 201 University PKwy, Balto, Md.

25a-f show at be notified at

b

Baltimore, Maryland 2121

Pages 1 and 2 should be fill ment of Health and Mental H lant: If item 27 is marked out

The lew requires that the death certificate be executed

Records, P.O. Box 68760.

Division of Vital

ettending physician end for use as the bunal-tran

31. Date filed (Month, Dey, Yeer) State Registrar

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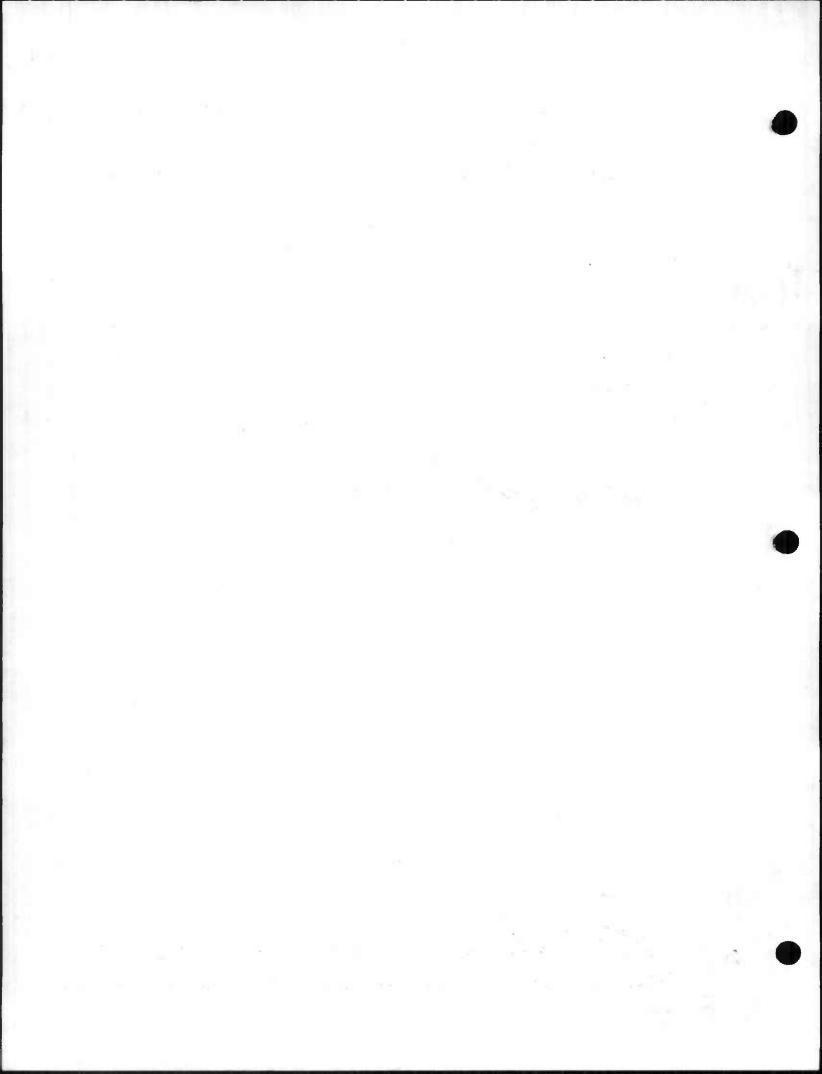
32. Registrar's Signatura relia Savidson

30. Name and addrass of person who completed cause of death (item 23a) (Typa, Print)

Ede

To the Hospital or Attanding Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, t



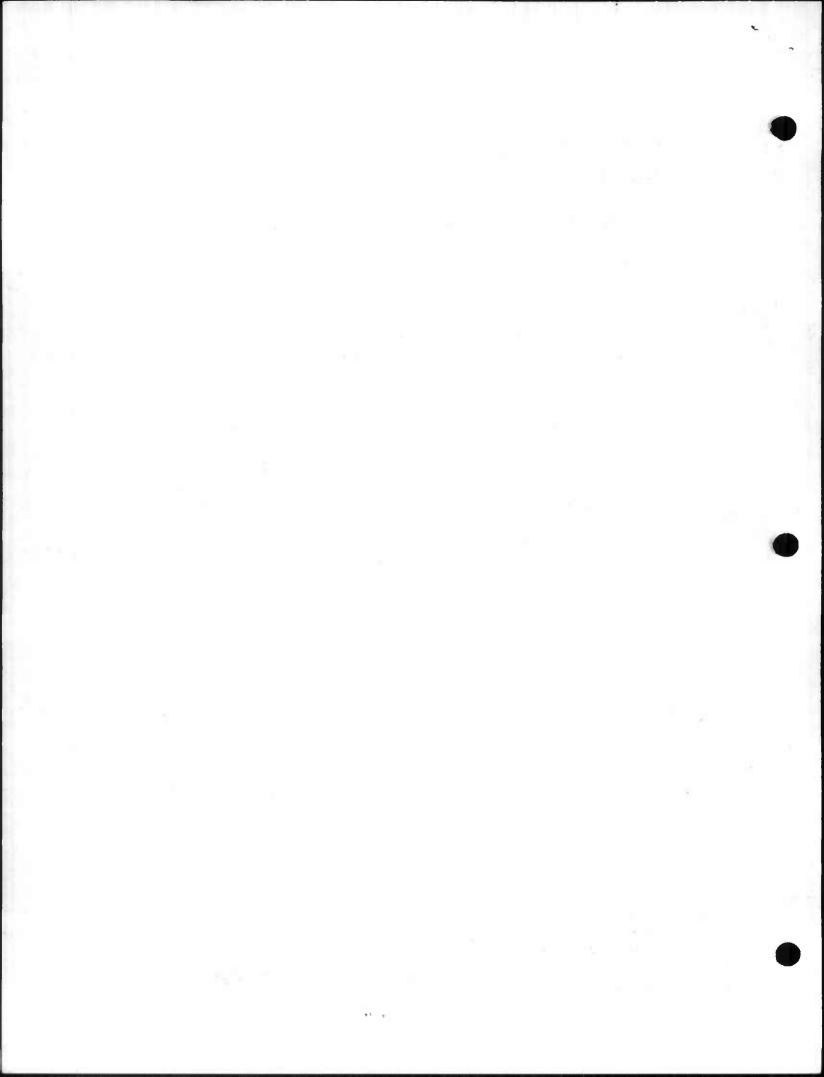
State of Maryland / Department of Health and Mental Hygiene Item20b 8-25-97 FilmG750 W.H.Per F/H Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Clark Hugust 6:02 Hm Stella /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Columbia ORIEN Nursina + Rehab Center Howard Hours Min. 8. Dete of Birth (Month, Dey, 11-13-If Under 1 Year Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Deys 1□M 2√F 256-84-5561 65 **Director** Georgia Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Georgia Liberty Riceboro 1 ☐ Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Examiner must be 3339 Sandy Run Road 31323 U.S.A. Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Meritei Stetus 1 ☐ Yes 27 No ff Yes, Give Yeer or Detes: 1 Never Married 2 Married black 1 ☐ Yes 2 ☐ No Specify: à 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry U.S. Military Elementery/Secondery (0-12) Coilege (1-4or 5+) (Fort Stewart) cafeteria worker unknown 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Fether's Neme (First, Middle, Last) Mobley Jones Nancy (Banks) Baltimore, Mary 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pages 1 and 2 s ment of Health an Reginald L. Pierce, Funeral d. 7842 E. Oglethorpe Hwy., Midway, Ga. 31320 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) ò 1st African Bapt. Ch. Cem. 8-29-97 Riceboro, Georgia 21. Signeture of Funerel Service Licansee 22. Neme end Address of Fecility Witzke Funeral Homes, Inc. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, Approximation of the cause of the cause of the death. Do not enter the mode of dying, such es cardiec or respiretory errest, Approximation of the cause of the death. Approximete Interval Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting In deeth) Examiner Due to (or es e consequenca of): Physician/Medical Examiner attending physician and for use as the burial-transit requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that latted exact.) Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, thet initieted events resulting in deeth) Lest Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HTN, ģ 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Wes en autopsy performed? peed has 1 Tes 1 ☐ Yes 2 ☐ No or Attending Physician: funerel director, 25. Wes case referred to medical exeminer?

1 Yes 2 Vo 26. Place of Deeth (Check only one) Be Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menger of Deeth 28a. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Netural 5 Pending investigation after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours Hospital 29a. Certifier Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner as stated. Medical completely (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated. within 2 å å 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 0 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Two knoll North DR. Columbia Md Patuxent CHOUD JACOB CHERIAN 31. Dete filed (Month, Dey, Yeer) AUG 2 5 1997 Register's Signeture State

**DHMH 16 Rev 6/95** 

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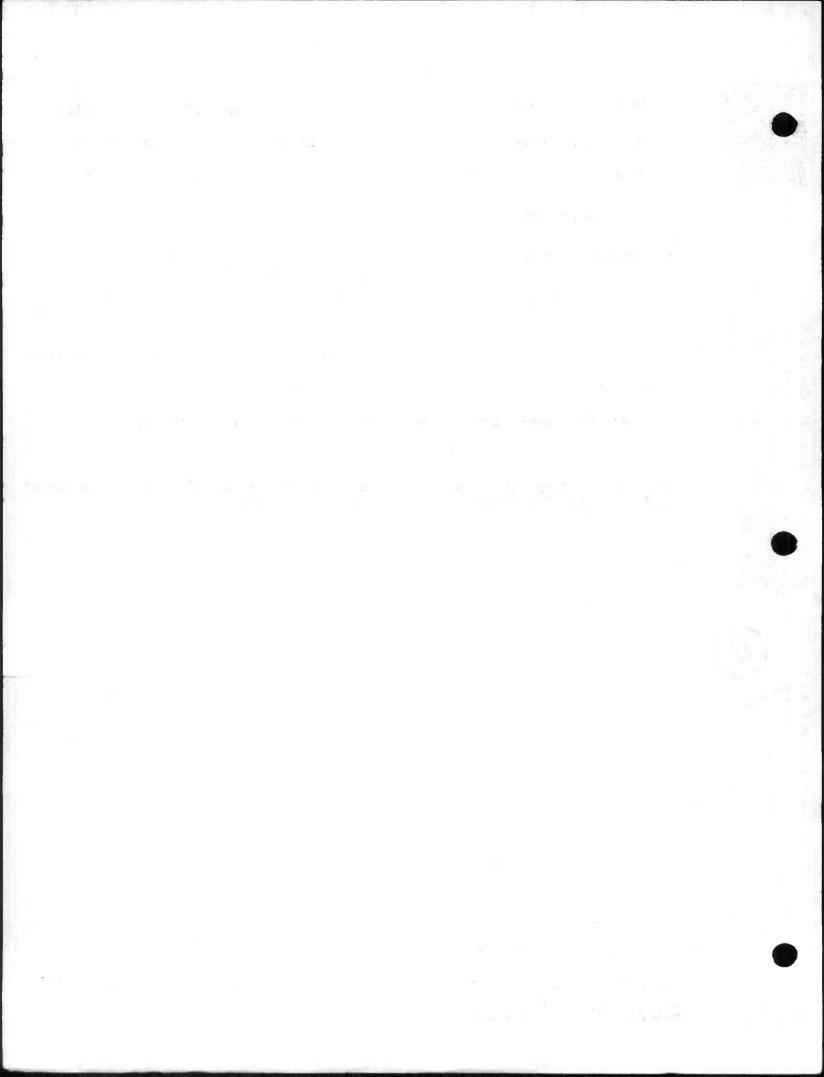
					Cer	tificate	of .	Death			Reg. No.			
		1. Decedent's Name (First, Midd	fla, Last)							2. Data of Da		100	3. Time of Death	
Physic /Med		DOROTHY ANNE C	CARPENTER						100	JULY 2	7, 1997	Year	6:30 A.M.	
/ivied Exami		4a. Facility Nama (If not institution	on, giva street and numb	per)				4b. City, To	wn, or Lo	cation of Deat		y of Death		
		2118 SPENCER L	ANE				F	INKSE	BURG		CARRO	LL		
Funeral		5. Social Security Number		Age (In yrs. las	t birthday)	If Under 1	Yaar	If Undar	24 Hrs.	8. Date of Bir	th		place (Stete or Foreign	
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with the Maryland a or 28a-f show be notified at		10a. State 10b. County	у	10c. City, 7	own or Loc	ation							10d. Inside City Limits	
with the Marylar s or 28a-f show be notified at	Director	MARYLAND CARRO	LL	FINKS	BURG								1 ☐ Yes 2 No	
(B) (C)	늄	10e. Street and Number			10f. Zip Coda							10g. Citizen of What Country?		
6-83	Ta.	2118 SPENCER I	ANE			2104					U.S.A.			
1211	Funeral	11. Maritai Status	12. Was Dacede Armed Force	es?	13. W	/as Daceda Yas, speci	ant of H fy Cuba	lispanic Orl an, Maxicer	gin? (Spe , Puarto	ecify Yes or No Rican, atc.)	- 14. Ra Bla	ice - Amari ack, White,	ican Indian, , atc.	
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The same of	Completed	15. Decedar (Spacify only highe	nt's Education est grade completed)	1	6a. Decede	and of work	done	during most	t of worki	ing	16b. Kind of B	Business/Ir	ndustry	
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y Sould Marks	10	LEWIS WERTZ						ANNA	HERE	3				
Maryland 42 should be file th and Mental Hy 7 is marked othe traumatic event		19a. Informant's Name/Relation	ship (Type, Print)		19b. Malling	Address	(Street	end Numbe	er or Rura	al Route Numb	er, City or Town	n, Stete, Zi	p Code)	
		MACK CARPENTER	(HUSBAND)				-	ANE F	TNKS	SBURG M	ARYLAND	2104	18	
Baltimore, samit. Pages 1 at beganned of Heal moortant: If Item: iny Injury or other Miss.		20a. Method of Disposition 1   Burial 2 □ Crametion	3 □ Bomoval from St	0.000	e of Dispos etery, crem	ition (Nemo	e of her plac	ce)		Date	20c. Location	- City or T	own, State	
Baltimo permit. Page Department of Important. If any Injury or once.		4 Donation 5 Other (S			WA TT	MEM.	GZ	RDENS	7/3	31/1997	MARRIO	TTSVI	ILLE MD	
B Thomas		21. Signature of Funeral Service	Licensee		22.	Name and	Addre	ss of Facilit	у					
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Dhusisian		shock, or heart feilure. Lis	t only one cause on eac	th line.									Interval Between Onsat and Death	
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Examiner		disease or condition resulting in death)	a		/ WV			one					Tyluv	
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Ched the ched	ysi	Part II. Other significant conditi	ons contributing to deat	h but not resultir	ng in the un	derlying ca	use giv	en in Part I.		23b. Dld	tobacco use c	ontributa 1	to the cause of death?	
d bet t										1 🗆	Yas 22 No	3 □ Pro	bably 4 Unknown	
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cord v require been sign	tec										an autopsy med?	a	Vere autopsy findings vailable prior to	
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ion ath. :: Atter e funer	atio	1 Natural 5 Pendii	igation (Month),	Day ( bai)	Injury	М		Yes 2 □ I	No					
Division  or Attending after death. Director: After	Certification:	3 ☐ Suicide 6 ☐ Could	nined 286. Place of	Injury - At home	, farm, stre	et, factory,	offica					ber or Rur	ral Route Number,	
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spita lours neral	a C	29a. Certifiar A Certifyi	ng Phyalcian: To the be	est of my knowle	dge, death	occurred a	t the tin	ne date an	d place a	and due to the	ceuse(s) and m	anner as	stated	
Division  To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	edical	(Check only 2 Madical one)	Examiner: On the basis	s of examination	and/or inve	estigation, I	n my o	pinion, deal	th occurr	ed at the time,	date and placa	, end due t	to the cause(s)	
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0		and ca		•		4	1)	, , , ,	/		811	1/1		
10		30. Name and address of person	who completed cause	of death (Item 23	a) (Type, P	rint)	+	Rn-	-	mn ·	71746	1		
1		I'MYL CELAN	0, m 65	67 /0.	Chaus	ms.	1	DM	L . /	11/2	29d. Date algn			
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State of Maryland / Department of Health and Mental Hygiene 97 25537

	Item:19a	pe	r Informant G-753 11/10,			tificate of		F	Reg. No.				
п	Physic	an	1. Decedant's Nama (First, Middle, Last Mary Elizabeth D			2. Data of Das Month	Day	3. Tima of Daath					
	/Medi		4a. Facility Nama (If not Institution, giva		4b. City, Town, or		11, 199						
	Examii	ner	6600 McCahill Dr	The second of th			Laurel			e Georges			
	Funeral Director		5. Social Security Number 6. Sa: 026-14-9062		lasf birthday) Yrs.	If Undar 1 Yaar Months Days		(Month, Day		9. Birthplaca (Stata or Foreign Country) Montana			
	with the Maryland a or 28a-f show Lbe notified at	0	Usual Residance of Dacedant  10a. Stata 10b. County  Maryland Prince		y, Town or Loc aurel	cation				10d. Inside City Limits 1 ☐ Yas 2€ No			
-0050	128 P	Director	10e. Street and Number		10f. Zip Coda			10g. Citizen of Wh	nat Country?				
	73a o at be	el Di	6600 McCahill Dri	.ve		20708			U.S.A.				
	hours after death with the Marylar lural", or itsms 23a or 28a-f show al Examinet must be notified at	by Funeral	11. Marital Status  1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ⊠ Yas 2 □ No	2. Was Dacedant Evar In U,S. Armed Forcas? 1 ⊠ Yas 2 □ No If Yas, Giva Yaar or Datas: 1944-46			pecify Yas or No- lo Rican, atc.)		- Amarican Indian, , Whita, atc. White			
	within 72 hor ens. than "natura he Medical E	Completed	15. Decedent's Education (Specify only highest grade completed)  Elamantary/Secondary (0-12)  College (1-4or 5+)				during most of wo	rking	16b. Kind of Bus				
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an	id be ental	To Be	Patrick Dwyer					lolland					
Maryland	shou ond M mar umat	-	19a. Informant's Name/Ralationship (Ty	City or Town, Stata, Zip Code)									
_	and 2		Elizabeth Moore/d	aughter niece	6600	McCahill	Drive,	aurel, Maryland					
altimore	artment of Ha ortants if then injury or oth		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ R 4 ☑ Donation 5 ☐ Othar (Specify)	amoval from Stata	laca of Dispos ematary, cram	a of Disposition (Nama of atary, cramatory or other place)			20c. Location - Cify or Town, Stata				
Balt	permit. Page Department of Important II any injury or		21. Somewhard Funarai Service Licensee Ronald S. Wade, Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201										
	Physician	1	Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death										
	/Medical Examiner		Immediata Causa (Final disassa or condition rasulting in death)	ACUTE MODULE to (a	70 c/a		INFAR	cTient		AUTE			
	and Fransit	Examiner	Sequentially list conditions,  Dua to (or as a consequence of):										
9	maria e		Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disassa or Injury that initiated evants		725								
10x 687	$\mathcal{E})$	n/Medical	that initiated evants rasulting in deeth) Last	Dua to (o									
	deat e att	sicia	Part II. Other significant conditions con	tributing to death but not ras	ulting In the un	idariving causa giv	ven in Part I.	23b. Did t	ributs to the cause of death?				
S, P.O	es that the de igned by the be detached	by Physician/M	CORON ADE	•		1 ☐ Yes 2 ☐ No 3 ☐ Probably 4							
Hecords, P.O.	aw requir is been s 2 should	Completed						an autopsy med?	24b. Wara autopsy findings available prior to complation of cause of death?				
=	E ag	Con						1 🗆 Y	as alsono	1 ☐ Yas 2 No			
Vital	ysician: The is certificate director, pag	Be	25. Was casa rafarred to medical axaminar?	loopitat.		Te:		eth (Check only o	na)				
6	5 00 0	T0	1 ☐ Yas 2 ☐ No	T is in the second	ER/Outpatient		4 LI Nursing F	foma 5 ☐ Rasid					
DIVISION	ttending F death. ctor: After y the luner	Certification:	1 Natural 5 Pending 2 Accidant Invastigation 3 Suicida 6 Could not be	28a. Deta of Injury (Month, Day Year)	28b. Tima of injury		jury at 26d. Dascribe how Injury occurred ork?  ☐ Yas 2 ☐ No						
DIV	or A		4 Homicida datarminad	28a. Place of Injury - At he building, atc. (Specify	(1)			City or Tow	n, Stata)	r or Rural Route Number,			
	To the Hospital within 24 hours of To the Funeral I completely filled	edical		ician: To the best of my knower: On the basis of axaminal and menner stated.									
	Vithin Vithin To the	M	29b. Signatura and title of sortillor			29c. Licens	e number			(Month, Day, Year)			
	->-0		166	mai	3	DZS	5422	F	JUGUST 1	15, 1997			
7			30. Nama end addrass of person who co										
			ROBERT Y. MAGG		4333	LAUREL	- BOWIE	RO, CA	JUREZ, 1	mp 20708			
	Sta	te	31. Data filed (Month, Day, Year) AUG 9 5 1007	32. Registrar's Signa	tura			3	,				



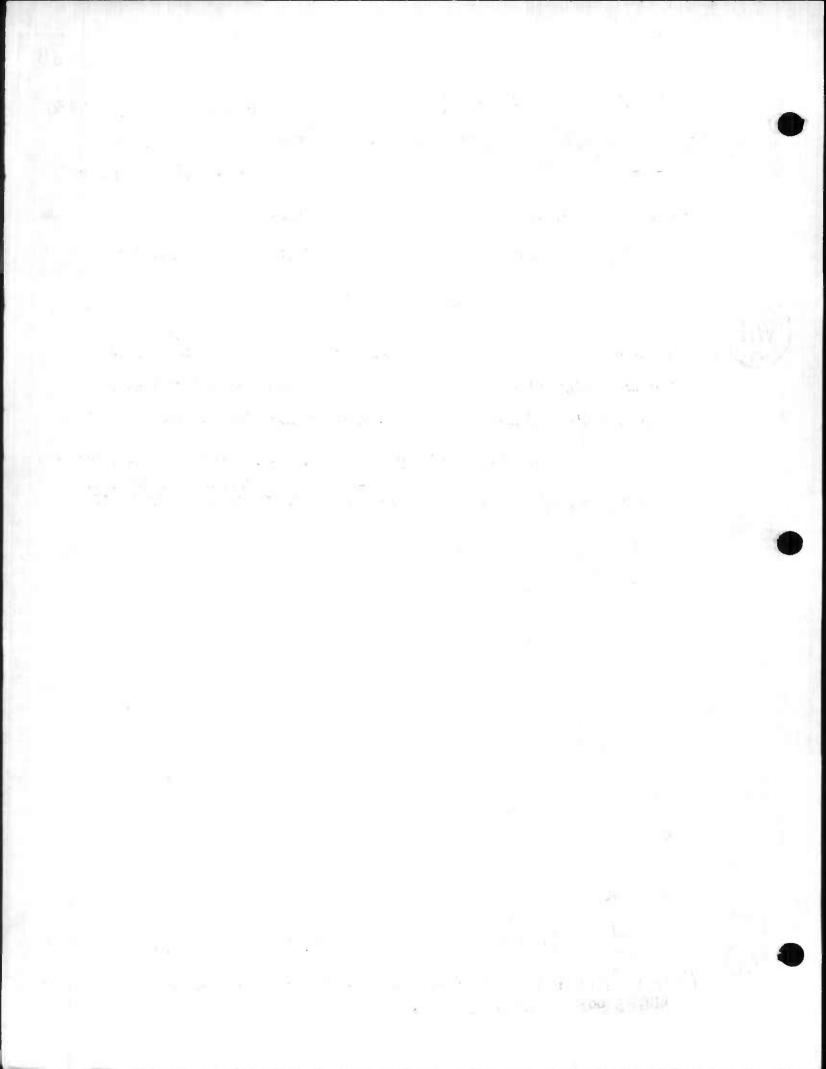
State of Maryland / Department of Health and Mental Hygiene

25538 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** August 0430 /Medical 4e. Fecility Name (If not institution, give street end number, 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner university of Maryland Medi Daltimore 1A 8. Date of Birth (Month, Day, Year) Jan. 16, 1920 Under 24 Hrs. f Under 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country) Maryland <sub>o</sub>Funeral 10 M 2□ F Months Deys Hours Min 77 218-09-7013 Director Usuel Residence of Deceden 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Essex 1 ☐ Yes 2 No Director 25a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? must be 6 238 2734 Holly Beach Road 21221 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 (X) Yes 2 ☐ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☑ Married 1 Yes 2 X No Specify: Be Completed by Specity: 3 ☐ Widowed 4 ☐ Divorced White Yeer or Detes: WWII Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Mars Elementery/Secondary (0-12) Coilege (1-4or 5+) President Supermarket Unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) altimore, Maryland Vincent Fertitta D'Anna Rosaria Marquerite Glorioso Pages 1 and 2 should 2 traumetic and is 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Depertment of Health a important: if item 27 is any injury or other tree 7183 Holabird Avenue Dundalk, Maryland 21222 Christopher D'Anna / Son 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 DOther (Specify Entombment Dulaney Valley Mem. Gdns. 8/25/97 Timonium, Maryland 21. Signeture of Funerel Service Licensee 22. Narpo ond Address of Focility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 Harboch used the death. Do not enter the mode of dying, such es cardiac or respiretory errest, ach line. 23a. Pert1. Enter the diseese, or complicate shock, or heert teilure. List only one Approximete Intervei Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical 1/2 weeks **Examiner** Examiner Coronary arkry bypass Surgery The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest the buriel-trer Due to (or es a consequence of Division of Vital Records, P.O. Box 68760, ettending physician Physician/Medical Due to (or es e consequence of): use es signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown þ Completed 24b. Were eutopsy findings availeble prior to 24e. Was en eutopsy performed? peen n of ceuse hes this certificate 25 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 20 No 1. Inpatient 2 ER/Outpetient 3 DOA Dete of Injury (Month, Day Yeer) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: After 5 Pending investigation Injury death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 6 Could not be determined 3 Suicide lin by t 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide within 24 hours Hospital Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) end manner es steted.

| Medical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) Medical 29e. Certifier completely (Check only one) the 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) of person who completed ceuse of deeth (Item 23e) (Type, Print) Street Baltimore, Maryland 21201 22 Greene 32. Registrer's Signeture

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97

25530

			0.0.0	iaryiarie	Certific		Death		Reg. No.	71	20039
Physic	ion	1. Decedent's Name (First, Middle, La	st)					2. Date of De Month	ath Day	Year	3. Time of Death
/Med		Charles Howard	E	DENFIE	LD Sr.				22,199		2:55 P.M.
Exami		4a. Facility Neme (If not institution, giv	re street and number	)		1.7	4b. City, Town, or Lo				
		Franklin Square	Hospital (	Center			Rosedale		Balt	imore	
Funeral	Г	5. Social Security Number 6. S	Sex 7. A	ge (In yrs. la	st birthday) If Un	der 1 Yeer	If Under 24 Hrs.	6. Dale of Bir	th	-	place (State or Foreign
Director		217-20-8049 Usual Residence of Decedent	1⊠M 2□ F	72	Yrs. Monti	ns Deys	Hours Min.	May 2,	1925	Cour	Maryland
E Su		10a. State 10b. County		10c. City,	Town or Location					1	Od. Inside City Limits
111	ector	Md.	N/A			Ba	altimore C	ity			1 X Yes 2 □ No
(A.11)	è	10e. Street end Number	12.1		10f.	Zip Code			10g. Citizen of		
INTA	E		List Aven		10.111 - 5		21214		United		
( SEE	듄	11. Mantel Status	12. Wes Decedent	?	If Yes, s	pecify Cub	Hispenic Origin? (Spean, Mexican, Puerto	Ricen, etc.)	- 14. Ha	ce - Americ ck, White,	
	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 X Yes 2 ☐ If Yes, Give Year or Dates:	_	1 ☐ Yes	2 💢 No	Specify:		Specif	y: V	White
2 hox		15. Decedent's Ed	ducetion		16a. Decedent's U	suai Occu	pation		16b. Kind of B		
d 2 should be flied within 72 th and Mental Hygiene. 7 is marked other than "na traumatic event, the Medic	ple	(Specify only highest gra-	completed) College (1-4or	54)	life. DO NO	work done Tuse retire	during most of work d)	ing			
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d tal	Be	17. Father's Neme (First, Middle, Last)		Hancor	Edenfie	1 4	18. Mother's Name		Maiden Surnar	ne)	
should b ad Menta merked metic e	70			панзон			Jul		iscoe		
d 2 st th and 7 land		19a. Informant's Name/Relationship (		: 6-1			and Number or Run				
s 1 and 2 f Health a flem 27 is other tra		Catherine A. Eder 20a. Method of Disposition	irieid (w	ife)	2805 L1		enue Balt	1more,			214
permit. Pages t an Department of Hea mportant: If Item in Iny Injury or other 2009.		1 Burial 2 □ Cremation 3 □		Cer	metery, crematory	r other pla			20c. Location		
t. Partmer		4 Donetion 5 Other (Specific	4 4	Hol	y Redeem			26/97	Balti	more	Maryland
permit. Pages 1 and Department of Health Important: If them 27 any Injury or other 1906s.		21. Signeture of Funeral Service Licer	1 Arok						. Ruck, ore, Mar		
		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that cause	d the death.						yranc	Approximate
Physician	ш	snock, or neart failure. List only	one cause on each I	ine.						i	Interval Between Onset end Death
/Medical		Immediate Cause (Final disease or condition	. Acute my	rocard	inl info	cotio	-			1	5
Examiner		resulting in death)	a. Acute III		as a consequence		11			12	5 minutes
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ificate be executed g physician end es the buriel-transit	Examiner	Sequentially list conditions.	b		as a consequence						
ificate be exe g physician e	Ě	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Olsease or Injury that initiated events								i	
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ath cer attendin for use	Physician/N		u			_				1	
the a	sic	Part II. Other algnificant conditions of	ontributing to death t	out not result	ing in the underlyin	g ceuse gi	ven in Part i.	23b. Dld	tobacco uae co	ntributa to	the cause of death?
requires that the death cen seen signed by the attendin hould be deteched for use								1 🗆	Yes 2 No	3 Pro	bably 4 Unknow
ne law requires that hes been signed to ge 2 should be det	d by							040 14400	an autonou	24b W	ere autoney findinge
redu	ete								an autopsy med?	av	ere autopsy findings allable prior to mpletion of ceuse
stclan: The law certificate hes b lirector, page 2 s	Completed										death?
F 25 89								10	res 2 XXNo	1[	Yes 2□ No
ysician: s certific director,	Be	25. Was cese referred to medical examiner?	Hospital:			Ott	26. Place of Death				
this	٠ <u>۲</u>	1 ☐ Yes 2X No 27. Manner of Death	14⊾ Inpati			DOA	4 LI Nursing no				y)
Attending Physician: or death. octor: After this certific by the funeral director,	ion	1 Natural 5 ☐ Pending	28a. Date of Inju (Month, Da	y Year)	8b. Time of Injury M	28c. Inju Wo	rk?  Yes 2 □ No	28d. Describe	now Injury occur	red	
death	lcal	2 Accident investigation 3 Sulcide 6 Could not be	28f Location /	Street and Numi	har or Dur	I Route Number,					
or A after Direct	Certification:	4 ☐ Homicide determined	building, et	c. (Specify)	e, farm, street, fact	ory, onice		City or Tov	vn, State)	oer or mure	ir Houte rvumber,
To the Hospital or Attending F within 24 hours after death.  To the Funeral Director: After completely filled in by the funer		29a. Certifier ** Certifying Ph	ysician: To the best	of my knowi	edge, death occurre	ed at the ti	me, date and place,	and due to the	cause(s) and m	snner as s	lated.
n 24 h	edicai	(Check only 2 Medical Exam	niner: On the basis of and manner st	f examinatio	n and/or Investigati	on, in my o	ppinion, death occurr	ed at the time,	date and place,	and due to	the cause(s)
withi To th	Σ	29b. Signature end title of certifier			1	29c. Licens	se number		29d. Dele signe	d (Month,	Day, Year)
. 1		M- (6. t	2	mo		D3	0153		8-2	2-9	7
M		30. Name and address of person who	completed dause of o	death (Item 2	(Type, Print)					·	4
10			9000 Fran	klin S	quare Dr	. Bal	timore, M	aryland	21237		
Sta	te	31. Date filed (Mg/t Day 1997)	Gulle Hoise	door	The state of						
Regist	ar	MARIE D 1881	0								

DHMH 16 Rav 6/95

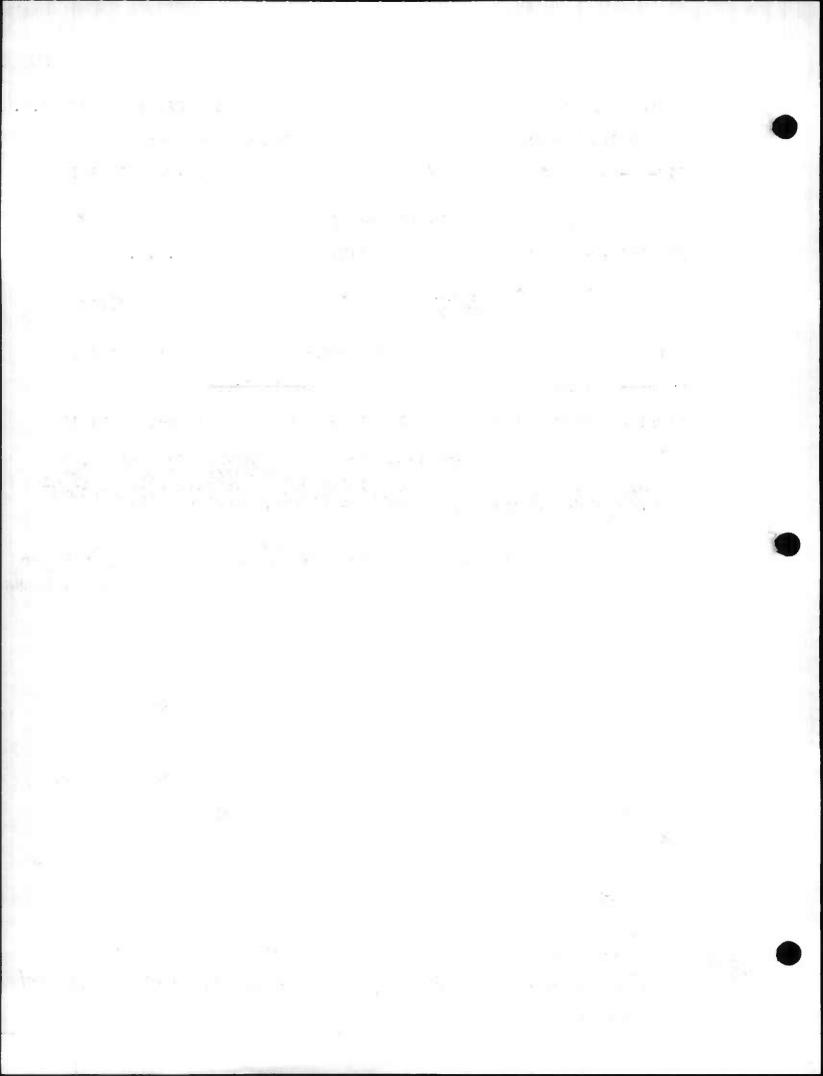
State of Maryland / Department of Health and Mental Hygiene

25540 Certificate of Death Items: 17.18 per F.H. G-750 8/27/97 reb 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 22, 1997 HORACE LENWOOD EDWARDS August 9:00 A.M. /Medicai 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner 2920 Clifton Avenue Baltimore City N/A If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. 1. Month Day, Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 18 M 2□ F 925 219-12-6154 72 Virginia Yrs Director Usual Residence of Decedent Peges 1 end 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. nt: If Item 27 is marked other than "natural", or items 23s or 28s-f show 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 Yes 2 □ No Director Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2920 Clifton Avenue 21216 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 ■ Yes 2 □ No H Yes, Give Yaar or Dates 1/20/46 Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status 1 ☐ Naver Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Electrical Electricity Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname)
CARRIE DOLES Be Charles Edwards 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) or other tra Lillian Edwards/Wife 2920 Clifton Avenue Baltimore, MD 21216 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Malhod of Disposition 20c. Location - City or Town, Slate 1 Burial 2 □ Cremation 3 □ Removal from State permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest Vet 21. Signature of Funaral Service Licenses Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. erval Between Onsat and Death **Physician** /Medical Immediate Cause (Final adenolarcinoma known disaase or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner veral months The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last and the bunal-tran Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. attending physician for use es the buria Physician/Medical Due to (or as a consequence of): signed by the aid be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? certificate has 1 Yes 2 NNo 1 Yes 20 No or Attending Physician: Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Natural death. 1 Yes 2 No 2 Accident within 24 hours efter deat To the Funeral Director: 6 Could not be determined 3 □ Suicide in by t 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medicai (Check only one) the th 29b. Signatura and title of certifian 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed sause of death (Item 23a) (Type, Print) J.H. Bayview Med Center, Baltimore, nd 21224 J.B. Zachary 31. Date filed (Month, Day, Year) AUG 2 5 1997 32. Pagistrar's Signature Sulia Davidson-Mandelle Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97 2551. I

					Ce	rtificate d	of Death		Rea	. No.	-	20041
Dhyalaia		1. Decedent's Neme (First, Middle, La						2. Date of	f Deeth	Dey	Yaar	3. Time of Death
Physiciar /Medica	_	Joseph John Ei	lers					-		1997	1 441	1:00 PI
Examine	-	le. Fecility Neme (If not institution, gi						wn, or Location of C	Death	4c. County	of Deeth	
	4	Meridian Spa						polis				undel
Funeral Director			Sax 7. 1⊠ M 2□ F	Age (In yrs. la:	Yrs.	If Under 1 Ye Months De		Min. (Month		<sup>'ear)</sup>	9. Birthi Cou	placa (Stete or Foreign ntry)
aryland show sd.st		10a. State 10b. County		10c. City,	Town or Lo	ocation					T	10d. Inside City Limits
the Mar 28e-f st notified	O	Fla. Dade		Ft 1	Laude	erdale						Yas 2□No
ith with the Marylan 23s or 28s-f show ust be notified at	ਙ	10e. Street and Number 3200 N.E. 36th	Street			10f. Zip Cod			10g	Citizan of V USA		ntry?
8	5	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Wes Decede Armed Force 1  Yes 2 If Yas, Give Yeer or Dete	es? CNo		Was Decedent of Yes, specify 0		jin? (Specify Yas o Puerto Rican, etc	r No- )	Bled	e - Ameri ek, White, :: Wh	
別村疆	m	15. Decedent's E (Specify only highest gro	ducation eda completed)		16a. Dece	dent's Usuel Oc kind of work do	cupetion ne during most	of working	16	b. Kind of Bu	siness/In	dustry
2 4 2		Elementery/Secondery (0-12)	Coilege (1-4	or 5+)			ne during most tired)			D = 1.3		
D STATE OF		1.2 17. Fether's Neme (First, Middle, Last	3		C.1	P.A.	10 Matha	de Blome /Finst Adi		Railr		
and if be dead of the seven		John Joseph Ei						r's Name (First, Mi esa B.			Θ)	
Maryland d 2 should be file th and Mental Hy Traumatic event	-	19e. Informent's Neme/Relationship (			10h Maiiir	na Addrace /Str		r or Rurel Routa N			State 7	n Code)
s 1 and 2 shall the sum and them 27 is moother traum		Mary L. Strott		ant Di-	510	Broad	Creek	Dr., S	tev	ensvi	lle	, Md 2166
Page Page met: If		20e. Method of Disposition  1 → Burial 2 □ Cremetion 3 □  4 □ Donetion 5 □ Other (Special	<b>(y)</b>		Mary		metery			c. Location - nnapo	,	
Balt permit. Depart importu		21. Signeture of Europeal Service Lice	1/2011	R	F	lardes	dress of Facility ty Fun	eral Ho	me,	P.A.	12 1	Ridgely
		23a. Pert1. Enter the diseese of comshock, or heart failure. List only	plications that cau	sed the death. h line.	Do not ent	er the mode of	anna po	pardia or respirate	ry arres	401		Approximate Intervet Between
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Examiner	ш	resulting in deeth)	θ.	Due to (or e		quence of):					1	
I Records, P.O. Box 68760, The law requires that the death certificate be executed tat has been signed by the attending physician and page 2 should be datached for use as the burial-transit completed by Physician Medical Examinar	LYGIL	Sequentielty list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events					1					
Box 68760, eath certificate be exautending physician a for use as the burial-	Med	thet initiated events resulting in deeth) Last	d	Due to (or a	s a conseq	uenca of):					i	
BO eath c attend ifor us	5											
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IS, P.O. BO) es that the death or igned by the attend be datached for us by Physician	(	Cachekia, D	ehyds.	ation	v, t	tippa	cture		1 🗌 Yes	2 1 No	3 Pro	bably 4 Unknown
VITAI HECONGS, Iclen: The law requires th certificate has been signe rector, page 2 should be BE Completed by	2	,	J			,		248.	Ves en e performe	eutopsy ed?	ev	ere eutopsy findings reilebia prior to empletion of cause deeth?
If Rec									I □ Yes	2 🗷 No	1[	☐ Yes 2☐ No
	) :	25. Wes case referred to medical					26. Piece	of Deeth (Check o	nty one)			
of Vita Physician: this certific ral director,		exeminar?	Hospitat: 1 ☐ inp	atient 2 EF	R/Outpetier	it 3□ DOA	Other /			e 6 □Othe	er (Specia	fy)
In the Indian	2	7. Manner of Deeth  1 IDNeturel 5 ☐ Pending 2 ☐ Accident investigetion	n	njury 2. Dey Year)	8b. Time of Injury		njuryet Work? I□Yes 2□N		ibe how	injury occurr	ed	
Division ( To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After t completaly filled in by the funeral Medical Certification:		3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not b determined	28e. Place of	Injury - At hom etc. (Specify)	e, farm, str	eet, factory, offi	се	28f. Locati City o	on (Stree r Town, S	et end Numb Stata)	er or Run	al Route Number,
DIVI To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by Medical Certiff		29a. Certifier 1 ☐ Certifying Ph (Check only 2 ☐ Medical Exam	yelclan: To the be niner: On the besis end mannar	s of examinetion	edge, deeth n end/or inv	occurred et the restigation, in m	e time, dete end y opinion, deet	pieca, end due lo h occurred et the ti	the ceus me, dete	se(s) end me e end place, e	nner es s end due t	teted. o the cause(s)
within com		29b. Signatura and title of certifiar				29c. Lic	ense number		29d	. Date signed	(Month,	Dey, Year)
17/		b. Neme end address of person who	Mo cu	of deeth (Item 2	O (Tuno		1653	Λ	Au	gust	25	, 1997
10		PeterF. VERKOU	W, MD	2003	ho	d. Tar	way.	Annab	Dis	MO	210	101
State Registrar	1	AUG2 5 1997	gula.	Sirar's Signet	andell		,,					

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

25542 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month **Physician** Economices Annika (Anna August 1997 /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Nov. 2, 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10 M 20 F Days Months 234-46-7541 Hours 72 Yrs. Nov. Director Ohio Usual Residenca of Decedent 10a. Stata 10b. County 10c. City, Town or Location 25a-f show 10d. Inside City Limits notified at Baltimore 1 No 2 No Director Maryland N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ä must be 4608 Eastern Avenue 238 21224 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Ricen, etc.) Borra 11 Marital Status 14. Bace - American Indian Black, White, etc. nours after 1 Never Married 2 Married ☐ Yas 2 No f Yes, Give \$,0020 8 1 ☐ Yas 2 ☑ No Specify: Specify: Completed by 3X Widowed 4 ☐ Divorced White Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) altimore, Maryland 2121 Elementery/Secondary (0-12) College (1-4or 5+) Restaurant Worker Food 6th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be 8 Michael E. Skoullos Vangela Sozatzis 0 Pages 1 and 2 shot 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) . Department of Health a Important: If Item 27 is any injury or other tra Mrs. Lena Higgins, daughter 3034 Elliott Street, Baltimore, Md. 21224 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 Cramation 3 Removal from Stata Holly Hill Mem. Gardens 4 ☐ Donation 5 ☐ Other (Spacify) 8-26-97 Baltimore, Md. 21. Signature noral Service License 22. Name and Address of Facility Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224

23a. Part1. Enter tha disease, or complications that ceused tha daath. Do not enter tha moda of dying, such as cerdiac or respiratory arrast,

Approximately a such as cerdiac or respiratory arrast,

Approximately a such as cerdiac or respiratory arrast,

Approximately a such as cerdiac or respiratory arrast, Approximate Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medicai Examiner bunial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events rasulting in death) Last Due to (or es a consequence of) P.O. Box 68760, physician s the buria Due to (or es a consequence of) 28 Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown Records, should be d þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy parformed? Completed page 2 1 Yes 2 No 1 ☐ Yes 2 No Vital certificate or Attending Physician: director, 25. Wes cese referred to medical Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2™ No 1 Stnpatient 2 ☐ ER/Outpatient 3 ☐ DOA of this funeral 28a. Date of Injury (Month, Dey Year) Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After Division 5 Pending investigation 1 Natural within 24 hours after death. To the Funeral Director: A 2 No 1 Yes 2 Accident filled in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Numbar, City or Town, Stete) 4 Homicide Hospital Medical 29a. Certifier 🔁 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. completely 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. ţ 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) August 22, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Koman buer 110 bhas Hopkins Hospital 600 11 wiles Ecinine 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State AUG 2 5 1997 all Savids Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 25 Thomas Edgar Forrester 22 AUG 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death N/A Baltimore Levindale Geriatric Nursing Home If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Mar 30, 1929 5. Social Security Number 413-46-9439 Sex YXM 2□ F 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 68 North Carolina Usuet Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Yas 2 No N/A Baltimore Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21211 U.S.A 818 West 36th Street 12. Was Dacedent Ever in U.S. Armed Forcas? 12 Myes 2 No If Yes, Give Year or Datas Korea Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Rece - Amaricen Indian, Black, White, etc. 1 Navar Married 2 Married 1 ☐ Yes 2√ No Specify: White 3 ☐ Widowed 4 ☐ Divorced 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Cotiega (1-4or 5+) Calvert Plumbing Co Plumber 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Ethola Proctor Martin Forrester 19e. tntorment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 818 West 36th Street, Baltimore, Maryland 21211 Beverly Elaine Forrester (Wife) 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State XXBuriel 2 Cramation 3 Removat from State Garrison Forest VA Cem. 8/26/97 Owings Mills, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Saryice Licensed 22. Nema and Addrass of Facility A. Alan Seitz, Jr. Funeral Home Baltimore, Maryland 21211 23a. Part1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one cause on each tine. Approximete Intervat Betw · Chronic immediate Cause (Finet Obstructure Palmonery disaese or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Dua to (or as a consequence of): Part ti. Other algorificant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 100 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? NA 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical axaminar? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 200No 1 Nonpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28a. Date of tnjury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred 28c. tnjury at Work? 1. Neturei 5 Pending 1 Yes 2 No 2 Accident Investigation 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide Ptece of tnjury - At home, term, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the ceuse(s) end manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner steted. 29a. Certifier (Check only one)

29c. License number

29d. Dete signed (Month, Day, Year)

BELLEDERE BALT, MD 21215

Division of Vital Records, P.O. Box 68760.

THEMAS

**Physician** 

/Medical

Examiner

10a. Stata

Directo

Funeral

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Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or home 23a or 28a-f show eny injury or other treumatic event, the Medical Exercise must be notified at 2009.

Physician /Medical

Examiner

attending physician and for use as the buriel-trensit

signed by the atte

certificata eral director.

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Examiner

**Physician/Medical** 

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Completed

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Medical

Saltimore, Maryland 21215-0020

Vithin 2 To the complete State

Registrar

MATTITEW 31. Dete tited (Month, Day, Year)

29b. Signature and title of certifiar

AUG 2 5 1997

Matten

30. Name and address of person who completed cause of death ( Type, Print)



**DHMH 16 Ray 6/95** 

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**Funeral** 

Director

28a-t

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ind Mental 2

nt of Health : If Item 27 i

Department :

**Physician** /Medical

Examiner

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altimore, Maryland

Pages 1 and 2 should Tand)

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 25544 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2 Date of Deeth **Physician** Stephen Α. Franklin 19, 1997 Aug. /Medical 00:18 AM 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner UNIVERSITY HOSPITAL S.T.U. BALTIMORE None 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 6. Sex 8. Dete of Birth (Month, Dev. Birthpleca (Steta or Foreign Country) 15 M 2□ F Months Deys Hours 212-06-2639 18 Yrs. Nov 09 Usuel Residence of Deceden 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yas 2 No Md None Baltimore 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 401 N. Eutaw Street Apt #204 21201 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Giva Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 🔀 No Specify: ò Specify: Black 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) None Unemployed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be Ralph Franklin Carolyn Campbell 19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ralph Franklin - Father 3300 Auchentoroly Terr. Baltimore, Md. 21217 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Slate 1 DeBurial 2 Cremetion 3 Removal from Stete Mt. Zion Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 8/25/97 Landsdown, Md. 21. Signeture of Funerel Sarvice Licans 22. Name and Address of Fecility Derrick C. Jones Funeral Home 4611 Park Heights Ave. Baltimore, Md. 21215 23e. Pert1. Enter the disaase, or complication. In caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one caused the deeth. Approximeta Intervel Between Onset and Deeth Immediate Ceuse (Finel diseese or condition resulting in death) e GUNSHOT WOUNDS (2) OF ABDOMEN AND SHOULDER Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury Due to (or es a consequenca of): Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably > ☐ Unknown ò 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed XXXYes 2 No XXXVes 2 No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 | Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XXX es 2 □ No XXER/Outpetient 3□ DOA 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification:

attending physician and for use as the bunal-transit tha death certificate be execu Records, P.O. Box 68760 signed by the a peeu has Division of Vital this After death. Hospital or Attendi 24 hours after death Funeral Director: A To the Hospital within 24 hours a To the Funeral I completely filled

28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 1 Naturel 5 Pending investigation Injury 1 ☐ Yes XX No 2 Accident SUBJECT SHOT 8/18/1997 11:30PM 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, 2600 or RETSTERSTOWN ROAD 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Y Homicide ON STREET BALTIMORE, MARYLAND

29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the ceuse(s) end menner es steted.

Madical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) and mennar stalad. (Check only one) 29b. Signature an title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

use of deeth (Item 23e) (Type, Print) Name and godress of person who out

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

AUGUST 22, 1997

State Registrar

the funaral

filled in by

Medical

31. Date filed (Month, Day, Year)

AUG 2 5 1997

THEODORE M. KING M.D. 32. Registrer's Signeture

State of Maryland / Department of Health and Mental Hygiene

Physic		1. Decedant's Neme (First, Middle,	Last)		17 . 1		of Deat		2. Dete of De		Voca	3. Time of Deeth	
/Medi	_	NANCY GARLAY	VD						Month Au 6UST	Dey 24	Yeer 1997	400 AM	
Exami		4e. Facility Name (If not institution,		number)			4b. City,	Town, or Lo	ocation of Deat	h 4c. County	of Death		
		SINA HOSPITAL						MOR	E	3ALTI	MORE	CITY	
Funeral Director		5. Social Security Number 145–30–9213 Usuel Residence of Decedent	5. Sex 1 □ M · 2 🗗	7. Age (In yrs	. lest birthday) _ Yrs.	If Undar 1 Y Months D	ear If Und ays Hour	ler 24 Hrs. s Min.	8. Dete of Bir (Month, De April	21, 1934	9. Birthple Countr Penns	ce (Stete or Foreign y) sylvania	
Aaryland show ed.st	2	10a. Steta 10b. County		10c. C	ity, Town or Loc						100	d. Insida City Limits	
1	Director	Maryland Baltin	nore		Owings	Mills 10f. Zip Co	4-			40- 02			
THE STATE			514 Granleigh Rd.							U.S.A		yr	
	by Funeral	11. Marital Status  1 Never Merried 2 Marrie 3 Widowed 4 Divorcad	ecedent Ever in U Forces? es 2 A No Give r Detes:	U,S. 13. Was Decedent of Hispenic Origin? ff Yes, specify Cuben, Mexican, Pu  1 □ Yas 2 ☒ No Specify:				Specify:					
within 72 hor ene. than "natura he Medical B	Completed	15. Decedent's (Specify only highest		16e. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)  16b. Kind of Business/life.						usiness/indu	stry		
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Mental Hygis erked other effic event, th	Be	17. Fathar's Name (First, Middla, L.								, Maiden Suman	ne)		
d Mer marko matic	70	Robert D. Evans 19a. Informant's Neme/Reletionshi			10h Mailine	Address (S		th La		er, City or Town,	State 7in C	anda)	
and and Mer alth and Mer 27 is marks er traumatic		William Garland		and	3.7							ode)	
Department of Health and Mental Important: If Item 27 is marked of any injury or other traumatic everging.		20e. Method of Disposition 1 ■ Buriei 2 □ Cremetion 3	Piece of Dispos cemetery, crem	514 Granleigh Rd. Owings Mills, Md. 21117  see of Disposition (Name of metery, cremetory or other piece)  Saints Cem. Aug. 27,1997 Reisterstown, M									
artme ortant injury		4 ☐ Donetion 5 ☐ Other (Special Service Li		Al	Sair	Name end A	Cem.	Aug.	27,1997	Reiste	is town	DM L	
Depa Impo		1. Harth	Eckh	rdt	Ec	khardt	Funer	al Ch	apel	ings Mil	le Me	3 21117	
hysician /Medical Examiner	er	23a. Pert ✓ Enter the disease, or c shock, or heart feilure. List o Immediete Ceuse (Finel disease or condition resulting in deeth)	nly one ceuse o	LIVER							C	Approximate Intervel Between Onsat and Deeth	
and transit	Examiner	Sequantielly list conditions,	b	Dua to (	or es e consequ	ence of):				<u></u>	i		
ettending physician end for use as the buriel-transit	ledicai	Sequantielly list conditions, if eny, leeding to immediate causa. Entar Underlying Causa (Disaase or injury that Initieted avants resulting in deeth) Last											
ttendin for use	Physician/N	Dadii Ohaadaalaa	d										
100	1ys	Pert ii. Other eignificant conditions contributing to death but not resulting in tha undarlying ceuse given in Pert I.								23b. Did tobacco use contributs to the cause of death  1 Yes 2 No 3 Probably 4 Unknow			
ed by the ett detached fo	<u>a</u>									24e. Wes an autopsy performed? 24b. Were autopsy evailable completic of deeth?			
aw requires that the d is been signed by the 2 should be detached	by								perfo	ormed?	of de	our:	
ata has been signed by the pege 2 should be detached	Completed by Ph									Yas 2 No	of de	Yes 2No	
ata has been signed by the pege 2 should be detached	Be Completed by	25. Wes case referred to medical axeminer?	Hospital				Othor		1 Check only	Yas 2 No	of de	Yes 2No	
this certificate has been signed by the rail director, pege 2 should be detached	To Be Completed by	25. Wes case referred to medical axeminer? 1 ☐ Yes 2 ☑ No 27. Mannar of Deeth			ER/Outpatient		Othar: 4 🗆	Nursing Ho	1 Check only	Yas 2 No	of de	Yes 2No	
ng riggicant. The law requires that the different has been signed by the ineral director, page 2 should be detached.	To Be Completed by	axeminer? 1 ☐ Yes 2 ☑ No	28a. De (N)	te of Injury conth, Dey Year)	28b. Time of Injury	28c.	Othar: 4   Injury at Work? 1   Yes 2	Nursing Ho	1 Check only me 5 Resi	Yas 2 No	of de	Yes 2NNo	
ng rnysician: The law requires that the differ this certificate has been signed by the ineral director, page 2 should be detached	Certification: To Be Completed by	axeminer?  1 Yes 2 No  27. Mannar of Deeth  1 Naturel 5 Pending Investiga 3 Suicide 4 Homlcida  29a. Cartifier (Check only 2 Medical E)	28a. De (N) tion t be ed 28e. Pla bu  Phyelclan: To caminar: On the	te of Injury conth, Dey Year) ace of Injury - At h ilding, etc. (Speci	28b. Time of Injury	M 28c. M et, fectory, of	Othar: 4   Injury at Work? 1   Yes 2   fice	Nursing Ho	h (Check only me 5 Resided Rescribe 28d. Describe 28f. Location (City or To	Yas 2 No  ona)  idence 6 □Oth  how injury occur  (Street and Numb  wn, State)  cause(s) and me	of de 1 🗆	Yes 2 No Route Number,	
ng rnysician: The law requires that the differ this certificate has been signed by the ineral director, page 2 should be detached	Tedical Certification: To Be Completed by	axeminer?  1 Yes 2 No  27. Mannar of Deeth 1 Naturel 5 Pending Investiga 2 Accident 3 Suicide 6 Could no datermin  29a. Cartifier (Check only one)  1 Yes 2 No 5 Pending Investiga 6 Could no datermin 29a. Cartifier (Check only one)	28a. De (N) tion t be ed 28e. Pla bu  Phyelclan: To caminar: On the	te of Injury lonth, Dey Year) ace of Injury - At hilding, etc. (Special	28b. Time of Injury	M 28c.  M et, fectory, of occurred at the stigation, in a	Othar: 4   Injury at Work? 1   Yes 2   lice	Nursing Ho	h (Check only me 5 Resided Rescribe 28d. Describe 28f. Location (City or To	Yas 2 No  ona)  idence 6 □ Oth  how injury occur  (Street end Numb  wn, State)  cause(s) and me  data and place,	of de 1 - red red rer or Rural i and due to t	Yes 2No  Route Number,  led. he cause(s)	
inysician: The law requires that the dithin the certificate has been signed by the al director, page 2 should be detached	Medical Certification: To Be Completed by	axeminer?  1 Yes 2 No  27. Mannar of Deeth  1 Naturel 5 Pending Investiga 3 Suicide 4 Homlcida  29a. Cartifier (Check only 2 Medical E)	28a. De (// // // // // // // // // // // // //	te of Injury onth, Dey Year)  ace of Injury - At hidding, etc. (Special of my known basis of examine enner statad.	28b. Time of Injury  lome, farm, stre fy)  bwledga, daath tition end/or inve	M 28c. M 28c. M 28c. Light 1 29c. Light 1 29	Othar: 4   Injury at Work? 1   Yes 2   fice	Nursing Ho	h (Check only) me 5 Resi 28d. Describe 28f. Location ( City or To and dua to tha tend et tha tima,	Yas 2 No  ona)  idence 6 □Oth  how injury occur  (Street and Numb  wn, State)  cause(s) and me	of de 1	Yes 2 No Route Number, led. he cause(s) ay, Year)	

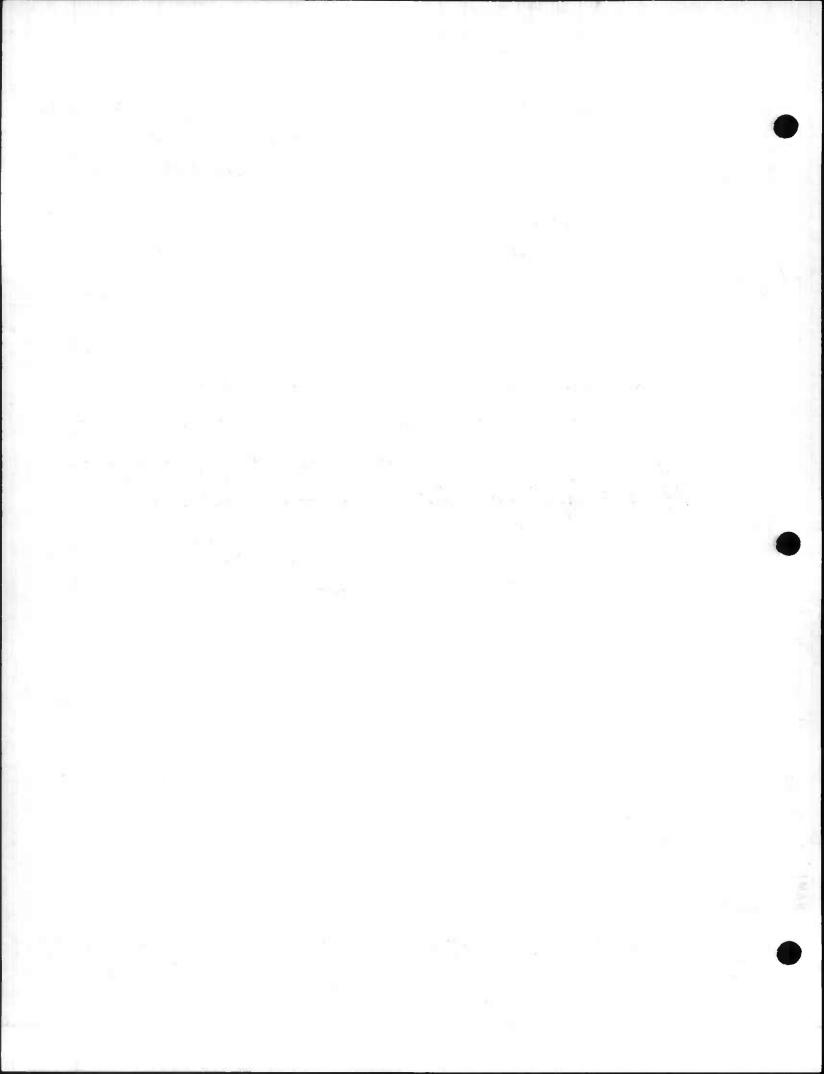
DHMH 16 Rev 6/95

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				C	ertificate o	of Death		Reg. No.	25546
Obv	alalaa	1. Decedent's Nama (First, Middla, La	ist)				2. Data of D	eath Day	3. Tima of Death
	sician edical	MARIE	WALPER GE	ORGE			Augus	1 500	1997 18:36
	miner	4a. Facility Nama (If not institution, giv				4b. City, Town, or L			of Death
	_	St Agnes Hos	•		If Undar 1 Ya	Baltin		N/A	
Fune Direct		5. Social Security Number 6. S 215-05-2848  Usual Rasidance of Decedant	58x 7. Aga (In.)	yrs. last birthde Yrs.	Months Day		January	irth 1 (ear) 1904	9. Birthplace (Stete or Foreign Country) Mary Land
how year		10a. Stata 10b. County	10c	. City, Town or	Location				10d. Insida City Limits
o Mo Sarf s	cto	Maryland   Baltimo	ore	Balt	timore				1 □ Yas ¾CXNo
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(SAIA)	bv. Füneral Director		12. Was Decedent Evar Armed Forces? 1 ☐ Yas ② No If Yas, Giva Yaar or Datas:	in U,S. 1:	3. Was Decedent of If Yas, specify C	of Hispanic Origin? (S) uban, Maxican, Puarto No Specify:	pecify Yas or N p Rican, atc.)	o- 14. Rac Biad Specify	e - Amarican Indlan, ok, Whita, atc. w: White
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m 205 2	a	Downes Step	don Hena	RX 6	500 York	Road Balti	imore,	Maryland	21212
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Cord v require been si	Completed						peri	ormed?	24b. Wara autopsy tindings availabla prior to completion of cause
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IVIS IN TARTE	·   #	3 Sulcida 6 Could not b 4 Homicida datarmined	e 28a. Place of Injury - A building, atc. (Sp.	At homa, tarm,	street, tectory, offic	CB.		(Street and Numb	er or Rurel Route Number,
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(8)		30. Nama end addrass of person who St. Ag NeS t  31. Data tiled (Mordh, Day, Year)	complated causa of death (	900	2 Cate	on Ave	Ba	ltimore	, My
C C C C C C C C C C C C C C C C C C C	State istrar	AUG 2 5 1997	32. Registrar's S	dson-Pan	delle				

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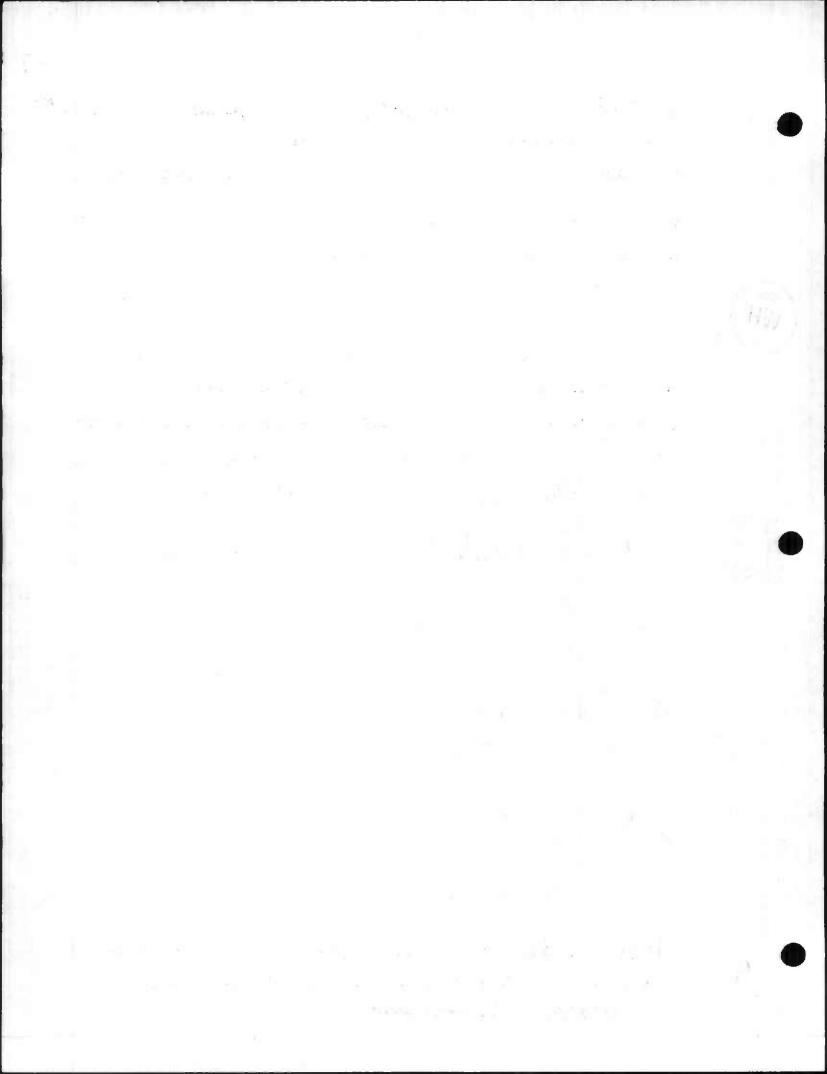
State of Maryland / Department of Health and Mental Hygiene

25547 Certificate of Death 1. Decedent's Name (First Middle, Last) 2. Dete of Deeth 3. Time of Deeth 7:35 AM **Physician** 155e 23 /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Laurel Regional Hospital Laurel Prince George Hours Min. 8. Dete of Birth (Month, Dey, Year)
Nov. 5, 190 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) **Funeral**  Birthpiace (State or Foreign Country) Deys Months 1X M 2 □ F Yrs. Director 93 220-09-8284 1903 Maryland Usuei Residence of Decadent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No 288-f Prince George Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 238 312 Sandy Spring Road 20707 USA Funeral E 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bieck, White, etc. 1 Never Merried 2 Married ☐ Yes 2 No f Yes, Give 1 ☐ Yes 2 No Specify: Specify: White b 3 Widowed 4 Divorced Year or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 6 Carpenter Construction Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 should be fi permit. Pages 1 and 2 should be Department of Health and Menta Important: If item 27 is merhad any injury or other transmits a space. markad John Albert Grauel 2 Lillian Gaither 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Myrtle Grauel/Wife 312 Sandy Spring Road, Laurel, Maryland 20707 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete Muriel 2 Cremetion 3 Remove from State 4 ☐ Donation 5 ☐ Other (Specify) St. Paul's Cemetery 8/26 Fulton, Maryland 21. Signature of Funeral Service-Li 22. Name end Address of Fecility Fleck Funeral Home, Inc. 23a. Party. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest,

Approximate Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or es e consequença of) Examiner I or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the ettending physician and in by the funcation of the page 2 should be detected for use as the buriat-transit Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In deeth) Last Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, ettending physician for use as the buria Physician/Medical Due to (or as e consequença of). Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Onknown þ Completed 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 200 No 2 12 No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Dimpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? Certification: 28d. Describe how injury occurred 5 Pending investigation 1 DNaturei 2 Accident 1 Yes 2 No 6 Could not be determined To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 3 Sulcide Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, dete and pieca, end due to the ceuse(s) end menner es stated.

2 Medicat Examiner: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner stated. edicai 29e. Certifier (Check only one) ž 29b. Signature and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 4 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) PRINCE Garge St Laurel, 351 W.A. Warren 31. Date filed (Month, Dey, Year) AUG 2 5 1997 32. Registrer's Signeture State Registrar



						C	ertificate d	of Death		Reg. No.			
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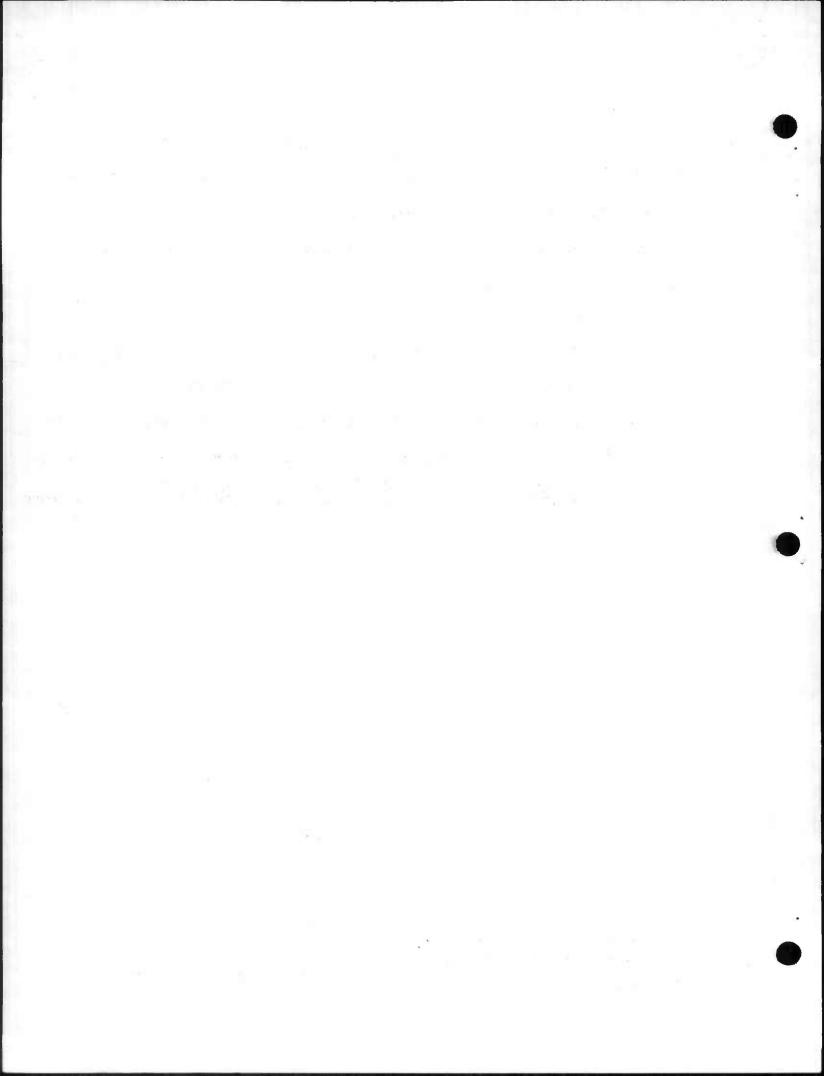
SHARON R. State of Maryland / Department of Health and Mental Hygiene GRAY Items:23a part I,27 per MEO G-751 9/24/97 dh Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** AUGUST 19ay 1997ar 22:15 PM Sharon R. Gray /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 9704 HELLINGLY PLACE GAITHERSBURG MONTGOMERY 5. Social Security Number If Under 1 Year | If Undar 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** 8. Data of Birth (Month, Day, 1 M XXF Months Days Hours 214-52-3901 52 Yrs. Director Sept.19,1944 Maryland Usual Residence of Decedent the Marylend 10a. State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland Montgomery Gaithersburg NOYes 2□ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 9704 Hellingly Place 20879-2568 238 United States death Funeral Hema: 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes ♣ No If Yas, Give 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, tra Medical Examples. XX Navar Married 2 Married altimore. Maryland 21215-0020 1 ☐ Yes XXNo Specify: White þ Specify 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Programer I.B.M. Computers 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Robert Gray Ruth E. Grinder 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joan K. Deedrick (sister) 13220 Bellevue Street Silver Spring, Md. 20904 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X ramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 8/15/1997 Alexandria, Virginia 4 Donation 21. Signature of Funeral Service Licens Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one caused on each line. Approximste Interval Between **Physician** Onset and Death /Medical Immediate Csuse (Final a CARDIAC ARRHYTHMIA ASSOCIATED WITH CEREBRAL PALSY disease or condition resulting in death) Examiner Due to (or as a consequenca of): sician and burial-transit Examin requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medicai the Due to (or as a consequance of): 98 950 atten P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown d bengis Records. þ page 2 should Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? The law has 1 Nes 2□ No 1 Yes 2 No of Vital Physician: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 ☑ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Yaar) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After Division or Attending 5 Pending Investigation 1 KNatural deeth. 1 ☐ Yes 2 ☐ No the 2 Accident s efter deeth 6 Could not ba determined 3 Suicide in by t 28a. Placa of Injury - At home, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 4 | Homicide Hospital within 24 hours of To the Funeral I 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) the 29b. Signature and title of cartifier 29c. Licansa number 29d. Date signed (Month, Day, Year) OCME AUGUST 12, 1997 30. Name and address of person who completed cause of death (127) 23a) (Type, Print) Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year)

State Registrar

AUG 2 5 1997

32. Registrar's Signature



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25550 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** 8:05 PM AUGUST /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner OF MARYLAND MEDICINE BALTIMORE UNIVERSITY If Under 1 Months 5. Social Security Number Birthplace (State or Foreign Country) 1 Yaar Days **Funeral** 214-18-1098 1 M 200 F Director Usual Rasidence of Decedant permit. Peges 1 end 2 should be filed within 72 hours effer death with the Maryland Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, it a Medical Examinal must be not if ada 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No by Funeral Director BACTIMORE 10e. Street and Numbar 10g. Citizan of What Country? 13. Was Decadent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian. Black, Whita, atc. 1 ☐ Yes 2 ☑ No if Yes, Give Yaar or Dates: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify 3 ☐ Widowad 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) MACHINIST 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Maul Laws. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 861 Park are Baltime 20a. Maylod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sente Line Gulmor plications that ceused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest Approximate Intervat Between Onset and Death Physician /Medical Immediate Cause (Finat disease or condition resulting in death) stage chromie obstuctive Ling DISEANE 445 Examiner Due to (or as a consequence of) Physician/Medical Examiner disem e thorusoloretc hoon 142 equires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of) P.O. Box 68760, igned by the attending physician be deteched for use es the burie andsorra 11 the Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 1 No 1 ☐ Yes 2 ☐ No 1 Yes Division of Vital 25. Was case referred to medicat exeminer? 26. Place of Deeth (Check only one) 1 Inpatient 2 1 Yes 2 No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 2 ER/Outpatient 3 DOA To the Hospital or Attending Physician 24 hours after death. To the Funeral Director: After the completely filled in by the funeral directors. or Attending Phys the second Medical Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

10 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner steted.

29c. Licansa number

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29d. Data signed (Month, Day, Year)

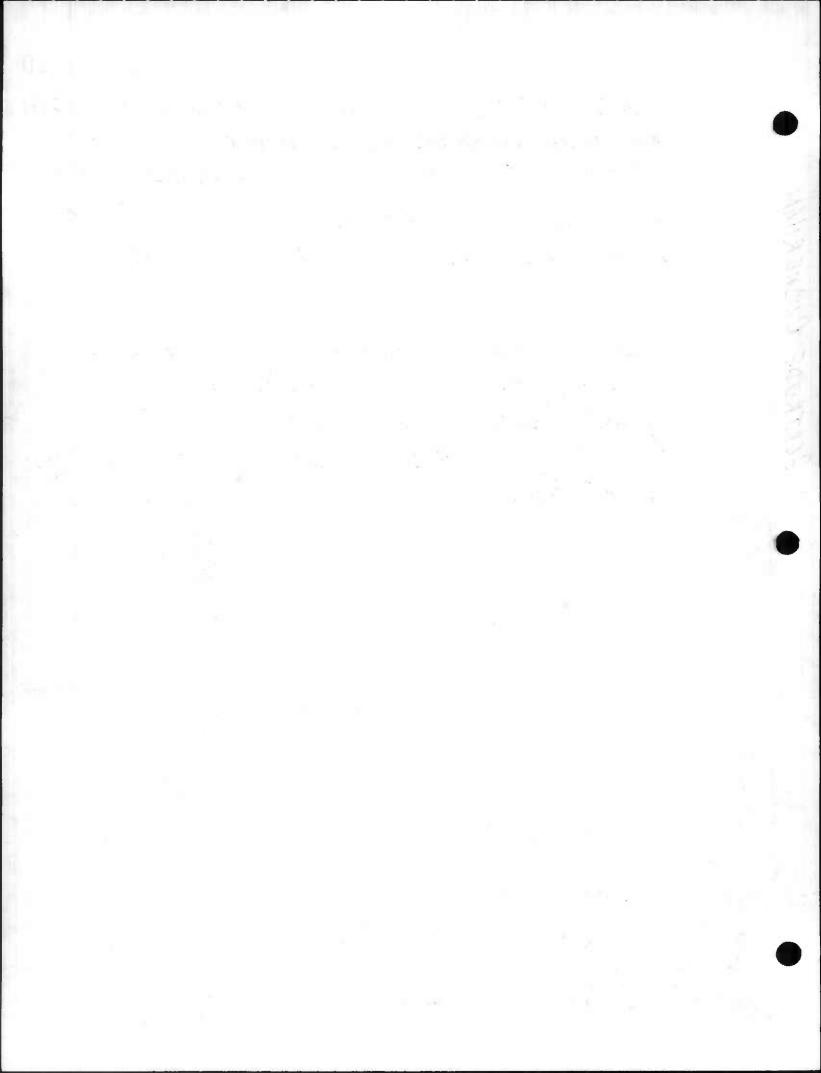
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State Registrar 29a. Certifier

29b. Signature and title of certifier

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

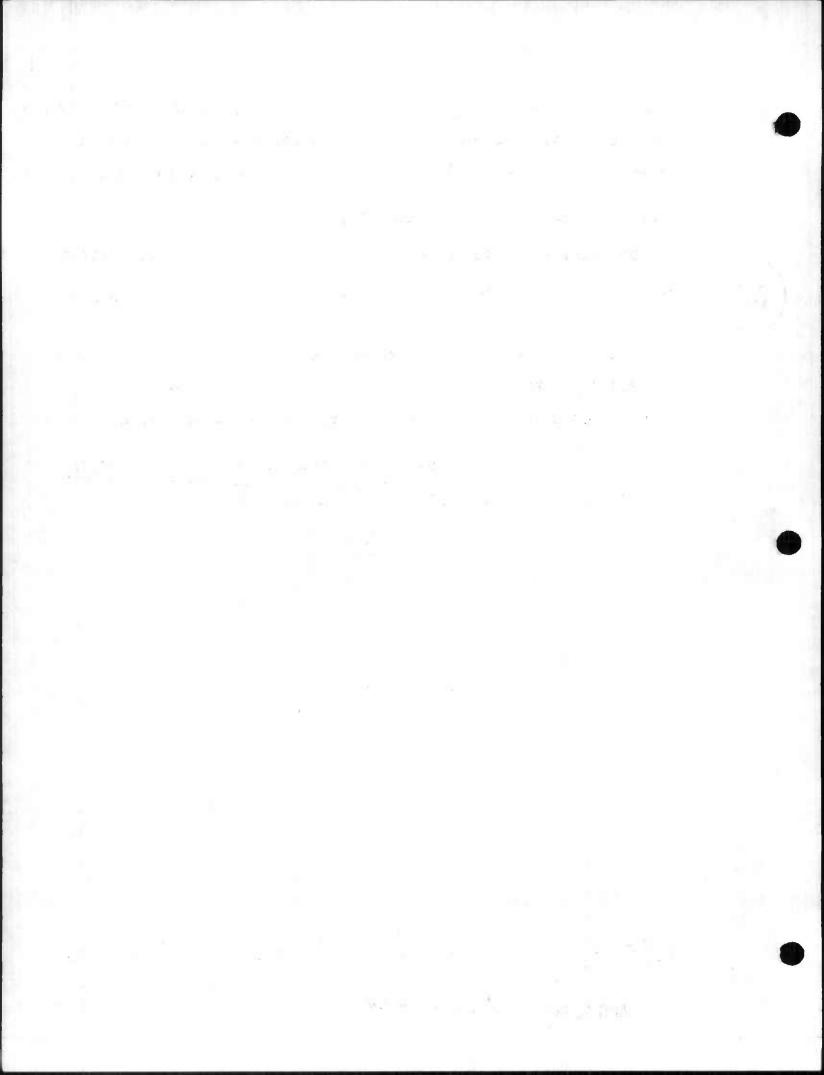
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State of Maryland / Department of Health and Mental Hygiene

25551 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** 3:05pm AUGUST KAREN HARVEY 20 /Medical 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner STELLA MARIS HOSPICE BALTIMORE co. TOWSON) if Under 24 Hrs. Hours Min, 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Year 8. Data of Birth (Month, Day, Year) 9. Birthplaca (State or Foreign Country)
BALTIMORE, MD **Funeral** Months Days 1□M 2₩X 41 214-68-3088 Yrs. Director DEC.12,1955 Usual Rasidence of Decedant the Meryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. fnsida City Limits notified at X1 Yas 2 No Director MD na BALTIMORE 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? ò 1405 WINTERS LANE apt.E 21221 UNITED STATES Completed by Funeral 12. Wes Dacedent Ever in U,S. Armed Forcas? 13. Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indien, Bieck. Whita, etc. 1 Yes MNo if Yas, Giva Yaar or Detes: Wevar Married 2 Married 1 ☐ Yas 2 💢 🖔 🗸 Specify: Specify: BLACK 3 Widowed 4 Divorced 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 2121 Elementary/Secondary (0-12) College (1-4or 5+) filed with ğ 12 th TYPESETTER MERRILL CORP. Baltimore, Maryland 17. Fathar's Nema (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be should be Mental marked THOMAS OUEEN P EDNA PRACTOR 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 s permit. Pages 1 and 2 Department of Health Important: If Item 27 Is any injury or other tra COCKRELL-mother TREE CT.OWINGS MILL, MD 21117 JOSHUA 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State 1 St Boriai 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) ARBUTUS MEMORIAL PARK 8-25-97 ARBUTUS, MD 21. Signature of Funeral Service Licenses 0 and Wall ) anes 23a. Pert1. Enter the disaasa, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset end Daath **Physician** immediata Ceusa (Final disaasa or condition resulting in daath) /Medical Examiner Examiner The law requires that the death certificate be axecuted ettanding physician and for use as the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequance of): signed by the e Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Wara autopsy findings available prior to 24a. Wes en autopsy performed? peen available prior to complation of causa of daeth? certificate 1 ☐ Yes 2 ☐ No 1 Yas 2 No or Attending Physician: director, 25. Was case referred to medical Be 26. Place of Daath (Check only one) 2 Other: 4 Nursing Home 5 Rasidance 8 NOther (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA HOSPICE this 27. Manner of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Natural 5 Panding death Director: A 2 Accident invastigation 1 ☐ Yes 2 ☐ No 3 ☐ Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide within 24 hours at To the Funeral DI completaly filled is Tertifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted. Medical 29a, Certifler 2 29b. Signatura and title of certifier 29c. Licansa number 30. Nama and address of per 0 completed suse of death (Item 23a) (Type, 31. Data filed (Month, Day, State Registrar 21204



Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

Page 6 may be retained by the hospital or atter

page 5 should be detached for

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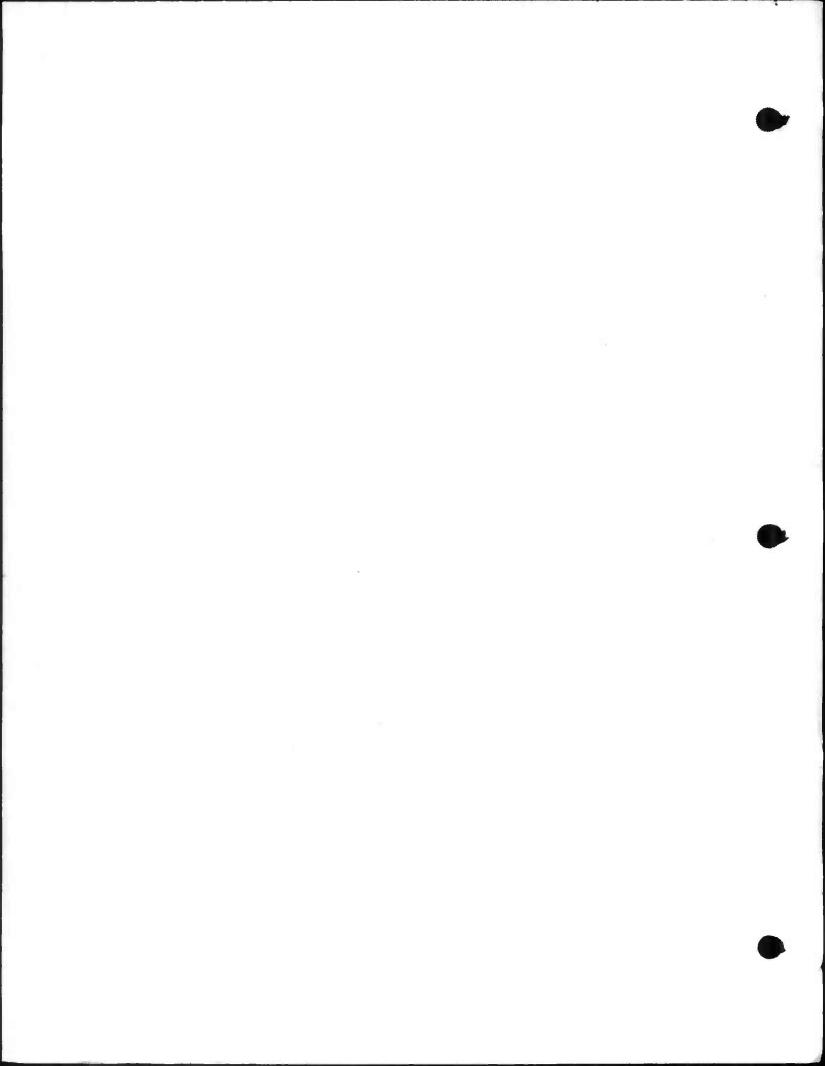
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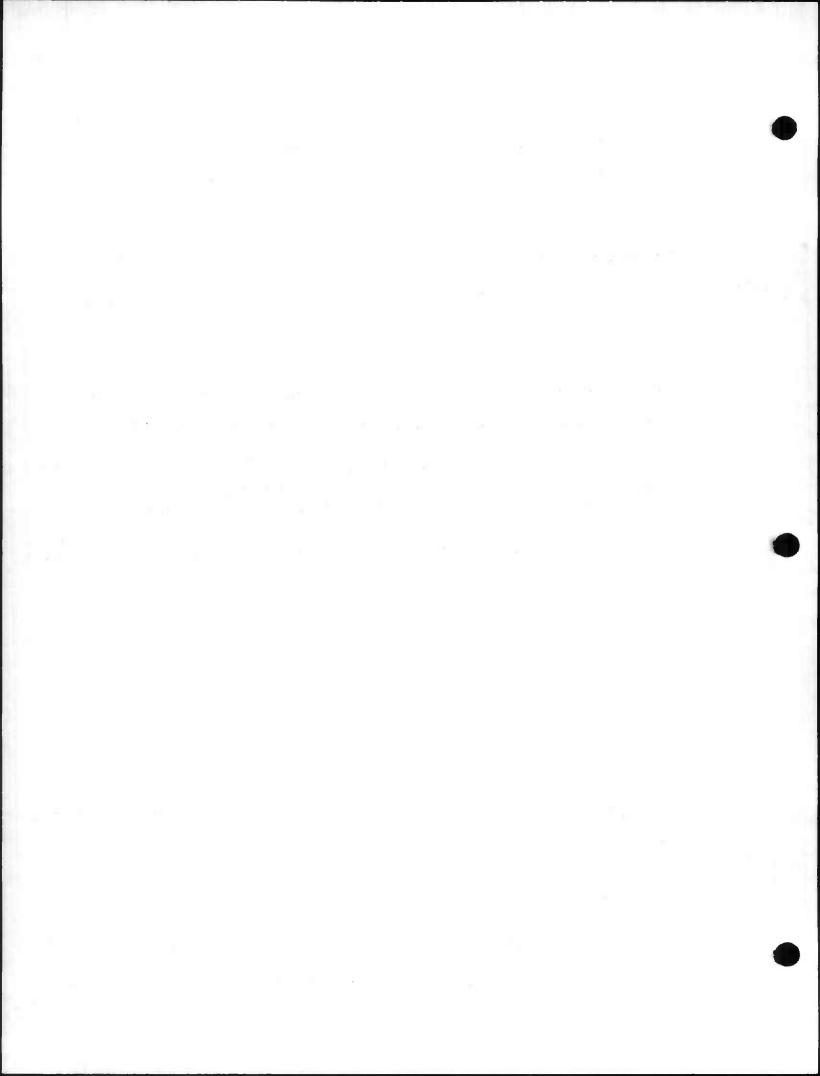


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 10e per FH G-750 8/29/97 dh 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** WILLIAM HERBERT HUNTLEY 4b. City, Town, or Location of Deeth 16, 1997 4c. County of Deeth /Medical 2:00 PM 4e. Fecility Neme (If not institution, give street end number) **Examiner** GILCHRIST HOSPICE CENTER Towson Baltimore County If Under 24 Hrs. If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) **Funeral** Days Hours 1**X** M 2□ F 219-28-1647 Yrs. Director 66 Sept. 6, 1930 Maryland Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Maryland Baltimore County 1 ☐ Yes 2X No Director Pinehurst 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 6418 4418 Pinehurst Road Funeral 21212 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: Specify: White ģ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry the Medica Hygiene. other than Elementary/Secondery (0-12) College (1-4or 5+) 2 yrs Auto Parts Clerk Auto Dealership Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental marked George John Huntley, Sr. Frances Edwardina Rice 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Important: if item 27 is any injury or other trees Frances H. Fleming (Sister) 5701 Wainwright Avenue, Rockville, MD 20851 Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 
☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete
4 ☐ Donetion 5 ☐ Other (Specify) 8/19/97 Parkwood Cemetery
22. Neme end Address of Fecility Parkville, Maryland 21. Signature of Funerel Service Duents Mitchell-Wiedefeld Home Lawson 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate shock, or heart feiture. List only one cause on each line. **Physician** pancreatic Cancer /Medical Immediate Cause (Finel disease or condition resulting in deeth) month Examiner Examiner Attending Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 attending physician Physician/Medical the Due to (or es a consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detach 1 Yss 2 No 3 Probably 4 Honknown Division of Vital Records. þ Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of deeth? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospice 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Aftar 5 Pending investigation 1 ☐ Yes 2 ☐ No death. one i or Attend aftar death Director: 2 Accident filled in by the 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide within 24 hours a 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 5 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D25205 August 18, 1997 N. Charles St. Baltimore, me 2120x 30. Neme end eddress of person who th (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year,

6701 Distrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 25554 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Dagedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Courth HOD GE Month 2058 P UG 4b. City, Town, or Location of Daath acility Nama (If not institution, giva street and number) 4c. County of Death Osp. Montgomery esda burba Da 7. Aga (In yrs. last birthday) If Undar 1 Year 8. Data of Birth (Month, Day) 9. Birthplace (Stata or Foreign Country) 5. Social Security Numba Months Days Hours 15 M 2 □ F 70-5704 Yrs. Usual Rasidance of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nas 2 No la 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of What Country? PPEJ 3848 us. 204 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 NNo If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Orlgin? (Specify Yas or No If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married 1 ☐ Yas 25 No Specify: Black 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation
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1 fifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) 12 echni Cu 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Blackmon Todge 19a Informant's Name/Ralationship (Typa, Print) sanahna 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) emitery 21. Signature of Funaral Sarvice Licental 22. Nama and Addrass of Facility 54 McC Balto 21217 1701 ulloh 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line Approximata Intervat Batwaan Onsat and Death NFARETION Immadiata Causa (Final ACUTE disaasa or condition rasulting in daath) Dua to (or as a consequence of): Dua to (or as a consequence of):

**Physician** /Medical Examiner

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this certificate has been signed by the ral director, page 2 should be deteched

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Physician/Medical

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Medical Certification:

3 Suicida

Records, P.O. Box 68760

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the Hospital or Attending Physician:

death.

Baltimore, Maryland 21215-0029

Physician

/Medical

Director

Funeral

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Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If liem 27 is marked other than

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Examiner

Director

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Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No

24a. Was an autopsy

24b. Wara autopsy findings available prior to complation of causa of death?

1 Yas 2 No

1 ☐ Yas 2 ☐ No

25. Was cesa rafarrad to medicel axaminar? 26. Placa of Death (Chack only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify)

1 Yas 2 No 1 ☐ Inpatiant 2 KER/Outpatient 3 ☐ DOA 27. Mannar of Daath 28b. Tima of 1 Naturai 2 Accidant 5 Panding invastigation

28a. Data of Injury (Month, Day Year) 28c. Injury at Work?

1 Tas 2 🗆 No

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how Injury occurred

6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 29a, Cartifian

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and title of common

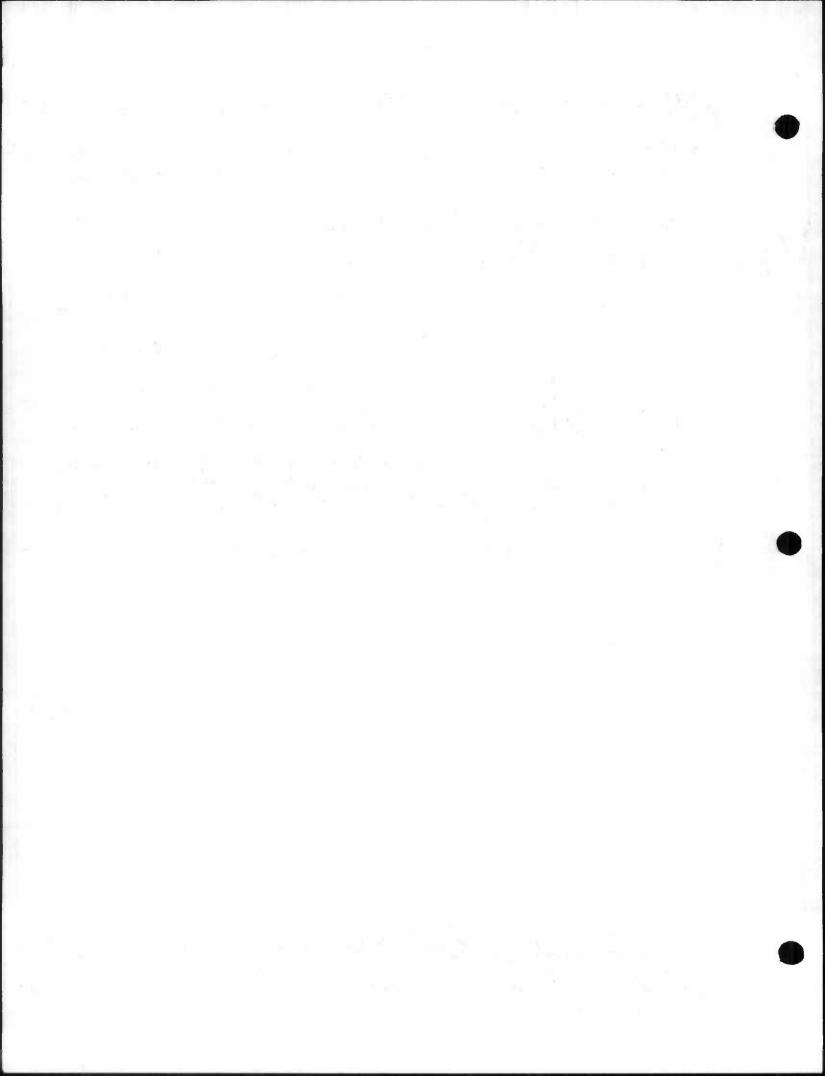
29c. Licansa number

BETHESDA MD 20817 32. Begistrar's Signatura

State Registrar

**DHMH 16 Rev 6/95** 

29d. Data signed (Month, Day, Year)



Physic	oian	1. Dec	ede	nt's Nen	na (i	First,	Middle,	Last)
Item19b	8-2	5-97	Fi	1mG75	50	W.	H.Per	· F/

/Media Exami

**Funeral** Director

> ms 23s or 28a-f show must be notified at

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

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an	1. Decedent's Ner		e, Last)							2. Date of De Month	eth Dey	Year	3. Time of Deeth
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	5. Social Security 213-07-9	Number 309	6. Sex 1 M 2□ F	7. Age (In yrs. 8	lest birthday,	If Under Months	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De	th ey, Yeer)	9. Birt	hplaca (Stete or Foreign untry)
ptor	Usual Rasidenca of 10a. Stete	10b. County	LTY		, Town or L		'Y					7720	10d. Inside City Limits 1 X Yes 2 □ No
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15y Fune	11. Maritel Status 1 ☐ Never Mer 3 ☐ Widowed	riad 2 Marri	Armed F	2 □ No		Was Deced If Yes, spe 1 ☐ Yes		lispanic Ori an, Mexicar Specify:		ecify Yes or No Rican, etc.)	>- 14. F E Spe	Black, White	rican Indian, e, etc. WHITE
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	23a. Part1. Enjer shock, or be		compile etions thet conly one cause on			ter the moo	a of dyli	ng, such as	cardiac	or respiratory a	mest, RE,	MD Z	Approximate Interval Batwean Onset end Death
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**Physician** /Medical Examiner

permit. Pages 1 and 2 should be filed. Department of Health and Mental Hygik Important: If Nem 27 is marked other, any Injury or other traumatic event.

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b. Due to (or es a consequence of):  Due to (or es a consequence of):  Dua to (or as e consequenca of):	
Dua to (or as e consequenca ot):  c. Obstructive newal puiliure	2
o. Metustatic prostatic Carcer	
contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use co	ntribute to

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Part II. Other significant conditions of Medical Certification: To Be Completed by Physic the cause of death? SIP Colostomy 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Sepsis 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to madical examinar?
1 ☐ Yes 2 No 26. Placa of Death (Check only one) Hospital: Othar: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 15 Inpatient 2 ER/Outpatient 3 DOA 28e. Data of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homicide 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceusa(s) and mannar as stated.

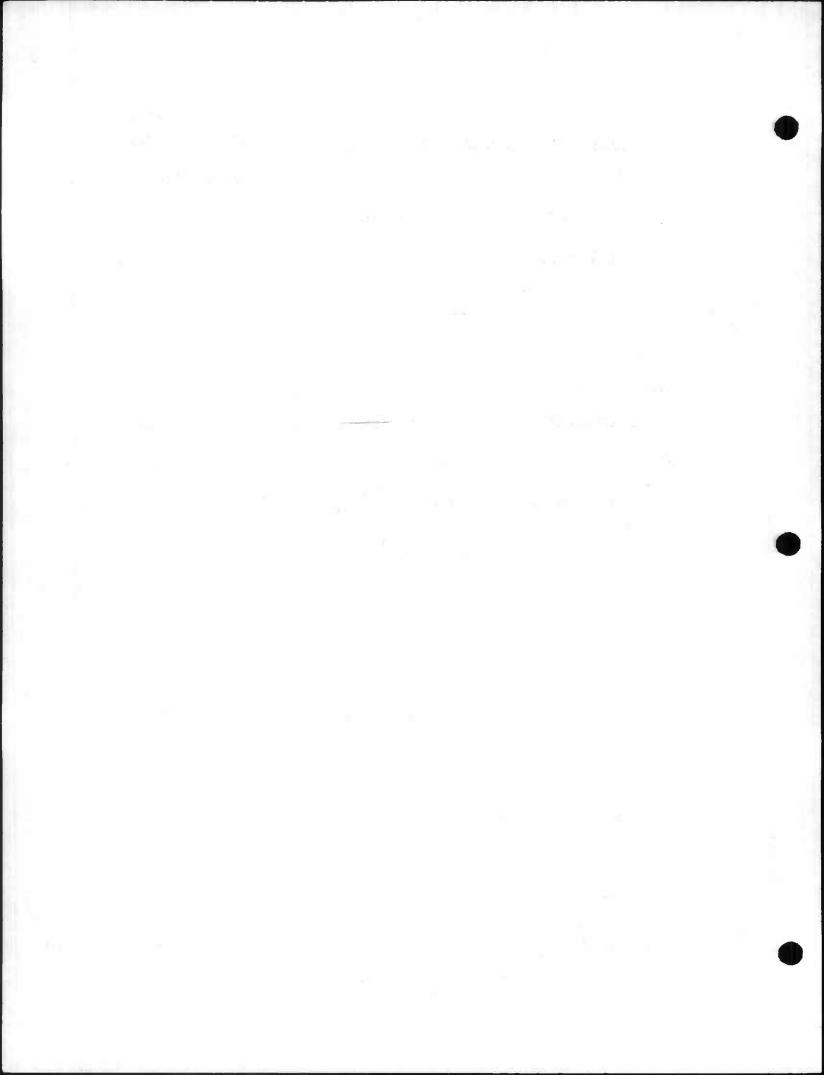
2 Medicat Examiner: On the basis of exemination and/or investigation, in my opinion, daath occurred at the time, date end place, end due to the causa(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name and address of parson who completed gause of death (light, 23a), (Type, Print)

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

State Registrar Suit 31. Date (A)



State of Maryland / Department of Health and Mental Hygiene 97 25556

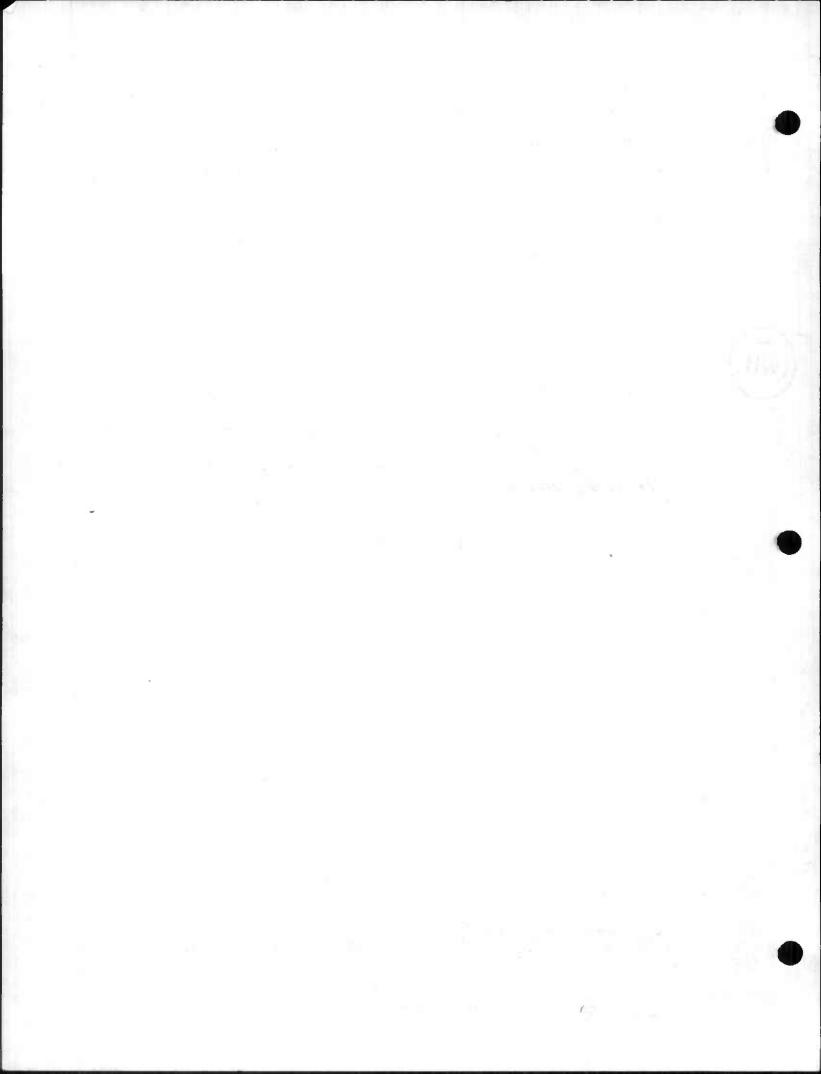
				Cert	tificat	e of	Death			Reg. No.		_ 0 0 0		
sician	Decedent's Neme (First, Middle	Last)							2. Dete of D	eeth Dey	Year -	3. Time of Dea		
edical	MARGARET			ANIE	CKI				Mujus	+ 21	1937	4-1		
miner	4e. Fecility Neme (If not institution,	•	ar)				4b. City, To	wn, or L	ocation of Dee	th 4c. Count	y of Death			
	Stella Maris H						Tows	- 1			ultimo	ore		
l I		6. Sex 7. / 1 ☐ M 2 ☐ F	Age (In yrs. last bi	**	If Under Months	1 Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of 8 (Month, D	irth ley, Year)	9. Birth	plece (Stete or Fo		
	219-40-8276 Usuel Residence of Decedent	<del>x</del>	53	Yrs.					Oct.	4, 1943		ryland		
	10e. Stete 10b. County		10c. City, Tow	m or Loc	ation						1.	10d. Inside City Li		
ö	Maryland	Baltimore	,				FA	sex				1 ☐ Yes 2 ☐		
ect	10e. Street end Number	baccanore			401 71-	0.4.		JEX						
Funeral Director	932 Bayner Cow	it.			10f. Zip	Code	2	1221		10g. Citizen of United				
ner	11. Maritel Stetus	12. Wes Deceder Armed Force	nt Ever in U,S.	13. W	as Dece	dent of H	lispenic Ori	gin? (Sp	ecify Yes or N Rican, etc.)	o- 14. Re		can indien,		
by Fu	1 Never Merried 2 Marrie	d 1 Yes 2 If Yes, Give	] No		☐ Yes		Specify:		Hicari, etc.)	Speci	eck, White,	vhite		
	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes					W							
ete	15. Decedent' (Specify only highest		16e	. Decede (Give ki	ent's Usue and of wo	nk done	etion <i>d</i> u <i>ring</i> mos d)	t of work	ing	16b. Kind of E	Business/In	dustry		
Odmpleted	Elementery/Secondery (0-12)	College (1-4o	r 5+)							01.				
8	10 Years 17. Fether's Neme (First, Middle, L			Sec	amst	ress			Shirt Factory Neme (First, Middle, Meiden Surneme)					
Be		•	2								me)			
2	James Frankli							-	o Shep					
	19e. Informent's Neme/Relationsh									ber, City or Town				
	Joann Anthony/	Sister					коаа	. ва	aumor	e, Mary	cana	21220		
	20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion	R □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	20b. Piece o cemete	f Disposi ry, creme	ition (Nen etory or o	ne of ther plea	ce)		Dete	20c. Location	- City or To	own, Stete		
	4 □ Donetion 5 □ Other (Sp.		Holly	Hil	e Mer	n. G	dns.	8/23	/1997	Middle	2 Riv	er. MD		
	noted there were of all the													
	Duda-Ruck Funeral Home of Dundalk,													
	23e. Petr. Enter the diseese, or o	omplications that caus	ed the deeth. Do								na z	1 2 2 2 Approximete Intervel Between		
Examiner	resulting in death)  Sequentielly list conditions.	b	Due to (or es e	112.5										
/Medical E	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Undertyling Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest	C	Due to (or es a o	conseque	ence of):							Test I		
		d												
Physician	Pert II. Other significant condition	contributing to death	but not resulting Ir	n the und	derlying ca	ause giv	en in Pert i		23b. Dld	tobacco use co	ontribute te	o the cause of de		
									1 🗆	Yes 2□ No	3 Pro	bably 4 Unk		
d by									04-14		246 141	oro sutorou do m		
Completed									24a. We:	s en autopsy ormed?	av	ere autopsy findin relieble prior to impletion of cause		
Jdu						·					of	death?		
S									10	Yes 2 No	1[	☐Yes 2☐No		
Be	25. Was case referred to medical exeminer?						26. Plece	of Deeth	(Check only	one)				
Certification: To	1 ☐ Yes 2 DANO  27. Menner of Death  DaNeturel 5 ☐ Pending	Hospitel: 1 inpat	jury 28b. 1	Itpetient Time of njury	2	8c. Injun Worl	y et k?			how Injury occur		HOSPI		
cat	2 Accident investige 3 Suicide 6 Could no	the			М		Yes 2 🗆 I							
ŧ	4 ☐ Homicide determin	ad 286. Piece of it	njury - At home, fe etc. <i>(Specify)</i>	rm, stree	et, factory	, office			28f. Location City or To	(Street end Num. wn, Stete)	ber or Rure	al Route Number,		
edical	29a. Certifier Certifying (Check only Medical Ex	Phyelcian: To the best aminer: On the basis end menner s	of examinetion en	deeth o	stigetion,	ot the time In my of	ne, dete en pinlon, deal	d plece, o th occurr	end due to the ed et the time,	cause(s) end m dete end plece,	enner es s end due to	tated. the cause(s)		
Me	29b. Signerurus (d little of ceptilier				29c	License	e number			29d. Dete signe	ed (Month,	Dey, Year)		
	) Sichoe	7 1000			1	//	55	04			1. 97			
	30. Neme end eddress of person wi													
	DR. EDDIE NAKHI	JDA 2300 I	ULANEY V	ALLE	EY RI	). '	TIMON	IUM,	MD 210	093				
	31. Dete filed (Month, Dey, Year)	Julia Mil	The Shake	(Die										
State strar	AUG 2 5 1997	gula the	appropriated	1										

State of Maryland / Department of Health and Mental Hygiene

25557 Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Dete of Death Day **Physician** Month Year 2240 CHARLOTTE MAY SIEHLER KOCH AUGUST 1797 20 /Medicai 4a. Facility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner UNION MEMORIAL HOSPITAL Baltimore City
If Under 24 Hrs. 8. Date of 5. Social Security Number If Undar 1 Yaar 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) Birthplaca (Stata or Foreign Country) **Funeral** Months Days Hours 1□M 2□F 220-015516 Vrs Director 81 Mar. 16,1916 Maryland Usuel Residence of Decedent r 18a-f show notified at 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yes 2 □ No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? mast be r 807 Drohomer Place 21210 Completed by Funeral USA 12. Was Decedent Evar in U,S. Armad Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Maritel Status Raca - American Indian, Black, Whita, atc. YOURS ARIBA 1 Naver Merriad 2 Married 1 ☐ Yes 2 ☑ No If Yas, Give △ Yaar or Datas: ŏ 1 ☐ Yas 2 No Specify: 3 ₩idowed 4 Divorced Specify: White 15. Dacedant's Education (Specify only highast grade complated) 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Homemaker Own Residence 4 yrs 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Sumama) Be 0 Charles Henry Albert Siehler Katherine May Schnepfe Mar 19a. informent's Name/Relationship (Type, Print) Pages 1 and 2 sh 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) or other tra Thomas E. Koch 19 Inverin Gircle, Timonium, Mary land 21093 altimore, 20a. Mathod of Disposition Important: If its any injur-1 Burial 2 □ Cramation 3 □ Removal from Stata 4 □ Donation 5 □ Othar (Specify) Dulaney Valley Mem. Grdns 8/23/97 Timonium, Maryland 21. Signatura of Eunaral Say Judinson 22. Nama and Address of Facility Mitchell-Wiedefeld Home 23e. Pert1. Entar tha diseesa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiredory areast, approximeta shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immedieta Causa (Final IMPOXIA LURRIC disaase or condition rasulting in daath) **Examiner** Dua to (or es e consequança of): Examiner ON PHY SCMA The lew requires that the death certificete be executed Saquantielly list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disaesa or Injury thet initiated avants rasulting in daath) Lest buriel-trar Due to (or as a consequence of): P.O. Box 68760 attending physician for use as the burie Physician/Medical Due to (or as a consequenca of): been signed by the a should be datached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABRES MELYNS, HYPORPENSION Division of Vital Records, þ Completed 24b. Wara autopsy findings evallabla prior to completion of cause of death? 24a. Was an autopsy performed? AMINE FIBRILIATION 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No funeral director, Be 25. Was case referred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) Certification: To 1 Yes 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA 27. Menner of Death 28a. Deta of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred of or Attending Patter death. 28c. Injury at Work? 5 Panding Invastigation 1 Natural 1 Yas 2 No 2 Accident To the Hospital or Atter within 24 hours after dea To the Funeral Director completely filled in by th 6 Could not ba 3 Suicida 28e. Placa of Injury - At homa, farm, street, fectory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rurel Routa Number, City or Town, Stata) 4 Homicide 29a. Cartifiar (Check only one) 1 Certifying Physician: To tha bast of my knowledga, daath occurred at tha tima, date end pleca, and dua to tha causa(s) and manner as stetad. Medicai 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, dete end placa, and due to the cause(s) and mannar stated. 29b. Signature and title of certifler 29c. Licansa number 29d. Data signed (Month, Day, Year) MO ARLY 38944 AUGUST 20 1557 30. Nama and address of parson who completed causa of death (Item 23a) (Type, Print) 201 LAST UNIVERSITY PARKWAY 177 21218 BARMORE 31. Deta filed (Month, Day, Year) 32. Ragistrar's Signatura State AUG 2 5 1997 Registrar

**DHMH 16 Rev 6/95** 

Charlotte



Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Date of Daath **Physician** Month Ab. City, Town, or Location of Deeth 456 ELIZABETH ELEANOR LANHAM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4c. County of Daeth Examiner Baltimore City Union Memorial Hospital N/A Hours Min. 8. Data of Birth (Month, Day, Year)

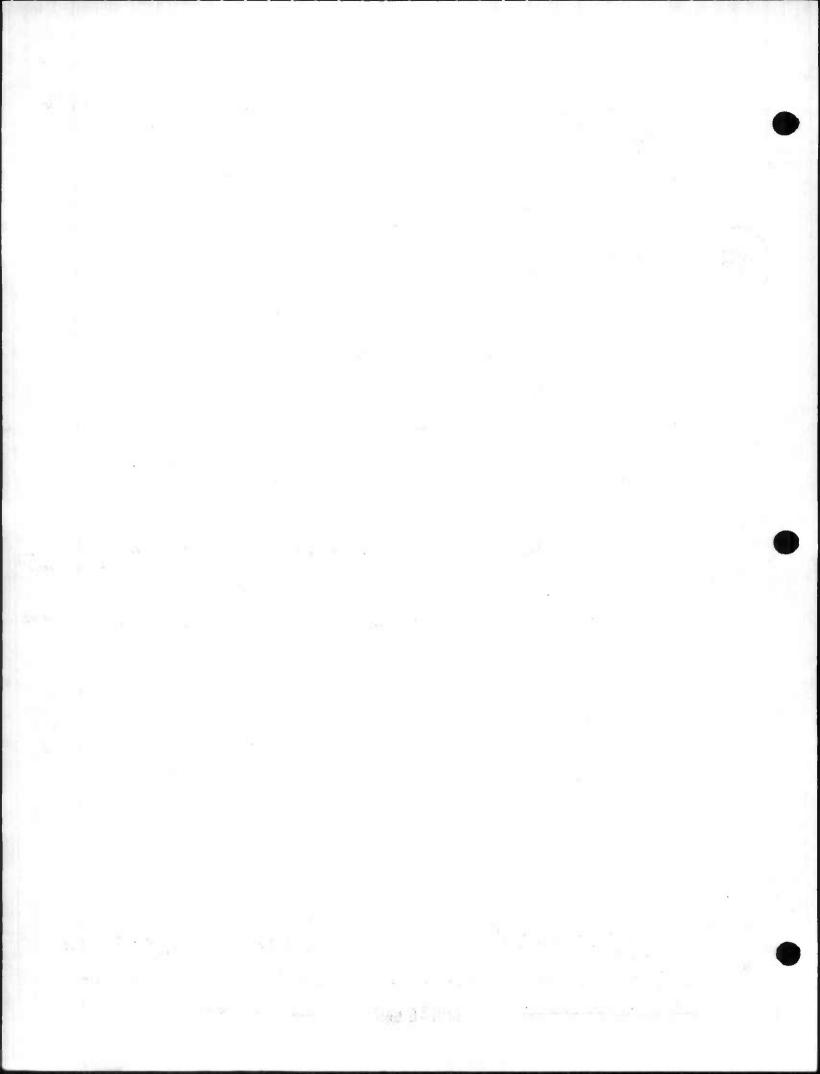
July 23, 1922 if Under 1 Yeer 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1□M 2\ F Yrs. 219-12-7588 Director Maryland Usuel Rasidanca of Decadent 10e. Steta 10b. Count 10c. City, Town or Location 10d. Insida City Limits 1 ¥ Yas 2 □ No Maryland N/A Baltimore 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 5505 Springlake Way 21212 U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacadant of Hispenic Orlgin? (Spacify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Marriad 1 ☐ Yas 2 XNo If Yas, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No p Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed traumatic event the Medical 15. Dacedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry nit. Pages 1 and 2 should be illed within 72 isotherial Hygiene. In them 27 is marked other than mail Injury or other traumetic event, the Medical Injury or other traumetic event, the Medical College (1-4or 5+) 2 years Elementery/Secondary (0-12) Occupational Therapist Medical 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Malden Sumema) Be P Joseph Henry Easterday, Jr. Lillian Daisy vonMunchow 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Code) Howard Lanham 5505 Springlake Way (Husband) Baltimore, Maryland 21212 20a. Method of Disposition 20b. Place of Disposition (Nama of camatery, cramatory or other place) Data 20c. Location - City or Town, Stata 1 ☐ Burlai 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Department of important: If any injury or Green Mount Crematory 8-27-97 Baltimore, Maryland 22. Nama and Addrass of Facility
Mitchell-Wiedefeld Home 21. Signatura of Funerel Sarvica Licansaa 6500 York Road Baltimore, Maryland 21212 terran 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure) List only one cause on each line. Physician ELECTRO- Mech mich DADCINI /Medical Immediete Causa (Final Azahthymin disease or condition rasulting in daath) Examiner Examiner or Attanding Physician: The law requires that the death certificate be executed Saquentielly list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants resulting in daath) Lest physician the burial Box 68760 Physician/Medical Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Wera autopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? certificata 1 🗆 Yas 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical Be 26. Placa of Death (Check only ona) Hospital: 10 Othar: 4 Nursing Home 5 Rasidanca 8 Othar (Specify) 1 Yas 2 No 1 III Inpatiant 2 ER/Outpatient 3 DOA After this 28e. Deta of Injury (Month, Day Year) Certification: 27. Manney of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Nejurai 5 Pending death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant after death Director: 6 Could not be datermined 3 Suicide 28a. Piece of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) in by 4 D Homicida in 24 hours the Funeral Directory filled in 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, deta and place, and dua to tha causa(s) end mannar as statad.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the tima, deta and place, and dua to tha causa(s) and mannar stated. 29a. Cartifier Medicai (Check only one) within 2 To the 29b. Signature and title of certifier 30. Name and eddress of person who complated cause of deeth (Item 23e) (Type, Print) Unis

32. Registrar's Signatura

Registrar

31. Data filad (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 97 25559

					Ce	ertificate d	of Death	Re	g. No.				
	Diii		1. Decedent's Name (First, Middle, Last)					2. Date of Death Month		3. Time of Death			
	Physici /Medi		Julian B. Morris	5				Aug. 7		9:30 AM			
	Examir		4e. Facility Name (If not institution, give stre	eet and number)			4b. City, Town, or Le	ocation of Death	4c. County of	Death			
			2411 Morris Lane				Sykesvi1		Carrol1				
	Funeral Director		5. Social Security Number  213-32-4190  Usuel Residence of Decadent	7. Age (In)	yrs. last birthday Yrs.	Months De		(Month, Day,	Year) , 1934 h	). Birthplece (Stete or Foreign Country) Maryland			
	and and		10a. State 10b. County	10c.	City, Town or L	ocation				10d. Inside City Limits			
	Mary	ō	Maryland Carroll		Sykesvi	11e				1 ☐ Yes 2/☐(No			
	a or 28a st be not	I Director	10e. Street and Number 2411 Morris Lane			10f. Zip Cod 217		10	10g. Citizen of What Country? U.S.A.				
0	parmit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Importants if item 27 is marked other than "naturef, or items 23e or 28e-f ehow importants if item 27 is marked other than "naturef, or items 23e or 28e-f ehow any injury or other traumatic event, the Medical Examiner must be notified at once.	Funeral	11. Meritel Stetus 12. 1 □ Never Married 2 ☑ Married	Wes Decedent Ever i Armed Forces? 1 ☑ Yes 2 ☐ No It Yes, Give	n U,S. 13	It Yes, specify C	of Hispanic Origin? (Sp uben, Mexican, Puerto	acity Yes or No- Rican, etc.)	or No- c.) 14. Race - American Indian, Bleck, White, etc.				
21215-0020	er.	by	3 ☐ Widowed 4 ☐ Divorced	Year or Datea:		1□Yea 2∏	No Specify:		Specify:	White			
5-0	72 ho	Completed	15. Decedent's Educat (Specify only highest grade of		16a. Dec	edent's Usual Oc	cupation ne during most of work	ina 1	6b. Kind ot Busin	ness/Industry			
2	ithin	du	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use rel	tired)	9					
2	ygier ygier rt, tr	S	12	4		Comput	er Program		Private				
and	d out	Be	17. Father's Name (First, Middle, Last)  Julian B. Morris	C.v.				e (First, Middle, M					
=	Merke Merke	To					Placide						
Maryland	12 sh h and ls rr raum		19a. Informant's Neme/Relationahlp (Type				eet and Number or Rur						
	1 and 2 Health em 27 i		Joanne Morris/wife 20a. Method of Disposition		241	1 Morris	Lane, Syk			nd 21784 ty or Town, State			
Baltimore,	Pages ment of ant: If it ury or o		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)		cemetery, ch	ematory or other	place)	Date	oc. Location - Ci	ly of Town, State			
Balt	Demit. Depart Import any inj gncs.		21. Signature of Funeral Service Licensee Ronald S	mel		Baltimo	re, Maryla	nd 21201		more Street			
	Physician /Medical Examiner		23a Part1. Enter the discisse or complice abook, or heart failure. List only one limmediate Cause (Final disease or condition resulting in death) a. /				ral Scl			Approximate interval Between Onset and Death			
	ted nail;	Examiner	<b>b</b>										
60,	cate be executed physician and s the buriel-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c	Due t	o (or as a conse	equence of):							
x 68760,	후 오후	/Medical	that initiated eventa resulting in death) Last	Due to	o (or as e conse	equenca of):							
Box	for settle	Physician/											
0.	6 6 5 P	ysk	Part ti. Other eignificant conditions contrit	outing to death but not	resulting in the	underlying cauae	given In Part I.	23b. Did tob	acco use contr	ibute to the cause of death?			
	ss that the igned by be detact	ρ	(None)					1 🗆 Ye	2 ZNo 3	Probably 4 Unknown			
Records,	The law requires that ite has been signed b page 2 should be deta	Completed						24a. Was an parform		24b. Were eutopey findinge available prior to completion of cause of death?			
	alle ha	E C						1 ☐ Yes	25 No	1 ☐ Yee 2 ☐ No			
ta		Be	25. Was case referred to medical examiner?				26. Place of Deat	h (Check only one	)				
5	Physician: this certific ral director,	To	1 Yes 25 €No	pitel: 1 ☐ Inpatient :	2 ER/Outpatie	ent 3 DOA	Other: 4 Nursing Ho	me 5 Resider	nce 6 Other	(Specify)			
Division of Vital	Affe Affe		27. Manner of Death  1	28a. Date ot tnjury (Month, Day Yea	28b. Time Injury		njury et Work?   Yea 2 No	28d. Describe how	v Injury occurred				
DIVIS	5 등 등 6	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injury - A building, etc. (Sp	At home, farm, s ecify)	treet, fectory, offi	се	28f. Location (Str. City or Town,		or Rural Route Number,			
	To the Hospital within 24 hours a To the Funeral C completely tilled	edical	29a. Certifier (Check only one) 1 Certifying Physici 2 Medicat Examtner	an: To the best of my : On the basis ot exaπ end manner stated.	knowledge, dee nination end/or i	th occurred et the nvestigation, in m	time, dete end place, y opinion, death occur	and due to the car red at the time, da	use(s) end mann te and place, end	ner es stated. d due to the cause(e)			
	To the within	×	29b. Signeture end title of certifier	,			ense number			Month, Dey, Year)			
•			NaFC	Frank		0	34915	8	-18-	97			
1			30. Name and eddress of person who comp	eleted cause of death (	ttem 23a) (Type	, Print)							
				roy MD	6190	Georg	etown B	Wa. Eld	ershura	97 1. AD 21784			
	Sta		31. Date tiled (Month, Day Year) AUG 2 5 1997	ia Berndson-A	Tracks .	,		,					
	Registr	ar	HUU G J IJJI										

WRC 97-4613-510 KAYTON MOSES

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

25560

Physician
/Medical
Examiner

**Funeral** Director

the Marylend r 28a-f show r then "neturel", or Items 23s or the Medical Examiner must be a death permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: if flem 27 is marked other than "netural, or iten any injury or other traumatic event, the Medical Exercises and any injury or other traumatic event, the Medical Exercises.

altimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician and the buriel-transit the death certificate be executed been signed by t should be detect Records, hes Ital

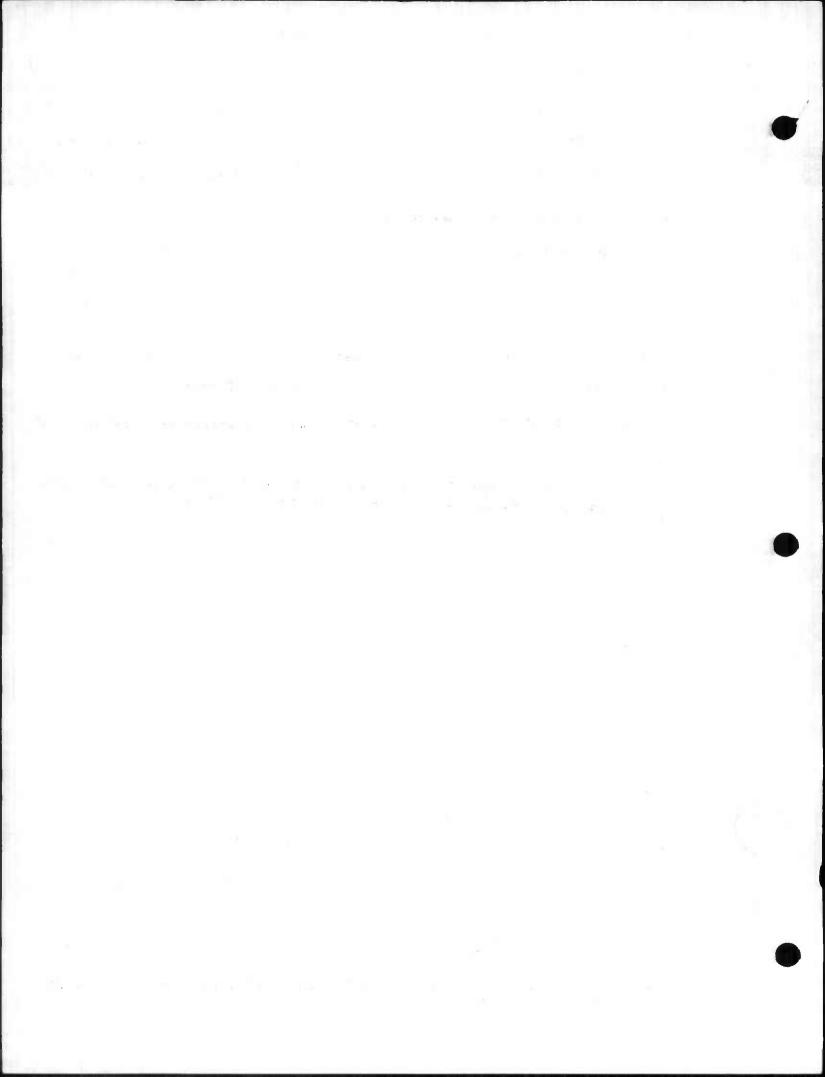
To the Hospital o within 24 hours af To the Funeral Di completely filled is

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day 15, Yaar 1997 8:50PM AUGUST Kayton Gutman Moses 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death SINAI HOSPITAL BALTIMORE Baltimore City | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year Aug. 28) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign Year) 153 M 2□ F Maryland Yrs. 212-09-3408 83 Usual Rasidance of Decedent 10a. Stete 10h County 10c. City, Town or Location 10d. Insida City Limits Baltimore Baltimore City tx Yas 2 □ No Maryland Directo 10e. Street and Numbai 10f. Zip Coda 10g. Citizen of What Country? 5709 Woodcrest Avenue 21215 U.S.U. Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Dacadant of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Never Marriad 2 Merried If Yas, Give Yaar or Datas: 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowad 4 Divorced White 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Eiamantary/Secondary (0-12) Coilega (1-4or 5+) 12 Chief Fire Department 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Abram Moses Carrie Gutman 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Janet Moses/daughter 308 A. Stevenson Lane, Baltimore, Maryland 21204 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 □ Burlal 2 □ Cramation 3 □ Ramovai from Stata 4 S Donation 5 ☐ Othar (Specify) 21. Signature of Fune al Service Licensea Ronald S Wade, Director 22 Name and Address of Facility Board, 655 W. Baltimore Street While Baltimore, Maryland 21201 Int. Enter the disease, of complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata intarval Batwaen Onsat and Death Bt Injury with complications
Dua to (or as a consequence of): Chest Immediata Causa (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy parformed? 24b. Wara autopsy findings avaliable prior to Completed completion of cause of death? 1 Yas 2 □ No 1 TYas 2 No 25. Was casa rafarred to madical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2XXXP/Outpatlent 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) No No 10 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural w. 102 8-13-97 1 ☐ Yas 2 ☐No Driver - auto 12 55 M 2 Accidant 6 Could not be 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 6000 Cross Country 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a, Cartifiar Medical and mannar stated. 29b. Signatura end title of certifiar 29c. Licensa number 29d. Date signed (Month, Dey, Year) AUGUST 16, 1997 O.C.M.E. 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print) Fully Baridson Bondell 111 Penn Street, Baltimore, Maryland 21201

Registrar

State



State of Maryland / Department of Health and Mental Hygiene 25561 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Day **Physician** Month Yaar ROSELEE MC LENDON 21,1997 AUGUST /Medical 2:47am 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner If Under 1 Year If Under 2 Hrs. 8 Date of Birth (Month, Day, Year) ROCKGLEN NURSING HOME
7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number **Funeral** 1 M 2 F 247-76-9048 Yrs Director 59 JUN24, 1938 CAROLINA Usual Rasidanca of Decedant 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f shov Mas 2□No Director MD BALTIMORE na å 10e. Street and Number 10g. Citizan of What Country? 501 DOLPHIN STREET apt. 202 21217 TED STATES

14. Raca - Amarican Indian,
Black, Whita, atc. UNITED 12. Was Dacadant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Yas 2 ☐ No if Yas, Giva Yaar or Datas: 1 Navar Married 2 ☐ Married 1 Yas 2 No Specify: 3 ☐ Widowed ★ Divorcad BLACK 15. Decedant's Education (Specify only highast grada complated) Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Complet 2121 filed within al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 4 8 th 18. Mothar's Nama (First, Middla, Meldan Surnama) LABORER Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) Be Pages 1 and 2 should be nent of Health and Mental JOHN GOULD LUCILLE BRYANT

19b. Meiling Address (Street and Number or Rural Routa Number, City or Yown, Stata, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) if of Health a if item 27 is or other tree LOUIS WILSON JR.-SON SON 4118 REISTERSTOWN RD, BALTO, MD# 15
20b. Placa of Disposition (Nama of cametery, crametory or other placa)

8-23-97 20a. Mathod of Disposition Burial 2 Cramation 3 Ramoval from Stata Donation 5 Other (Specify) 8-23-97 MEXICO CEMETERY ship out PINEVILLE, S.C. 21 Signature of Funaral Sarvica Licans 22. Nama and Addrass of Facility MARCH FH.-4300 WABASH AVENUE art1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or heart failure. List only one cause on each line. **Approximete** Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Colon disaasa or condition rasulting in daath) Examiner Examiner sician end burial-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Ceusa (Disaase or injury that initiated evants rasulting in daath) Last Due to (or as a consequence of): physician s the buria P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 D Unknown Records. þ page 2 should 24b. Wara autopsy findings available prior to Completed 24a. Wes en autopsy completion of cause of deeth? 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate of Vital the Hospital or Attending Physician: hin 24 hours after death.

the Funeral Director: After this certifical pipeletely filled in by the funeral director, 25. Wes casa raferred to madical Be 26. Place of Death (Check only one) axaminar? Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Certification: To 1 Yas 2 No 28c. Injury at Work? 27. Mennar of Daath 28a. Dete of Injury (Month, Day Yaar) 28b. Time of 28d. Describe how injury occurred Division 1 Natural 5 Panding 1 Yas 2 No 2 Accident Invastigation 3 Suicide 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homleide To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physicien: To the best of my knowledge, daath occurred et tha tima, data and placa, and dua to tha causa(s) and menner es steted.
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and dua to the cause(s) end mannar stated. 29a. Certifian (Check only one) 29b. Signature and le of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) asanthakeema MD

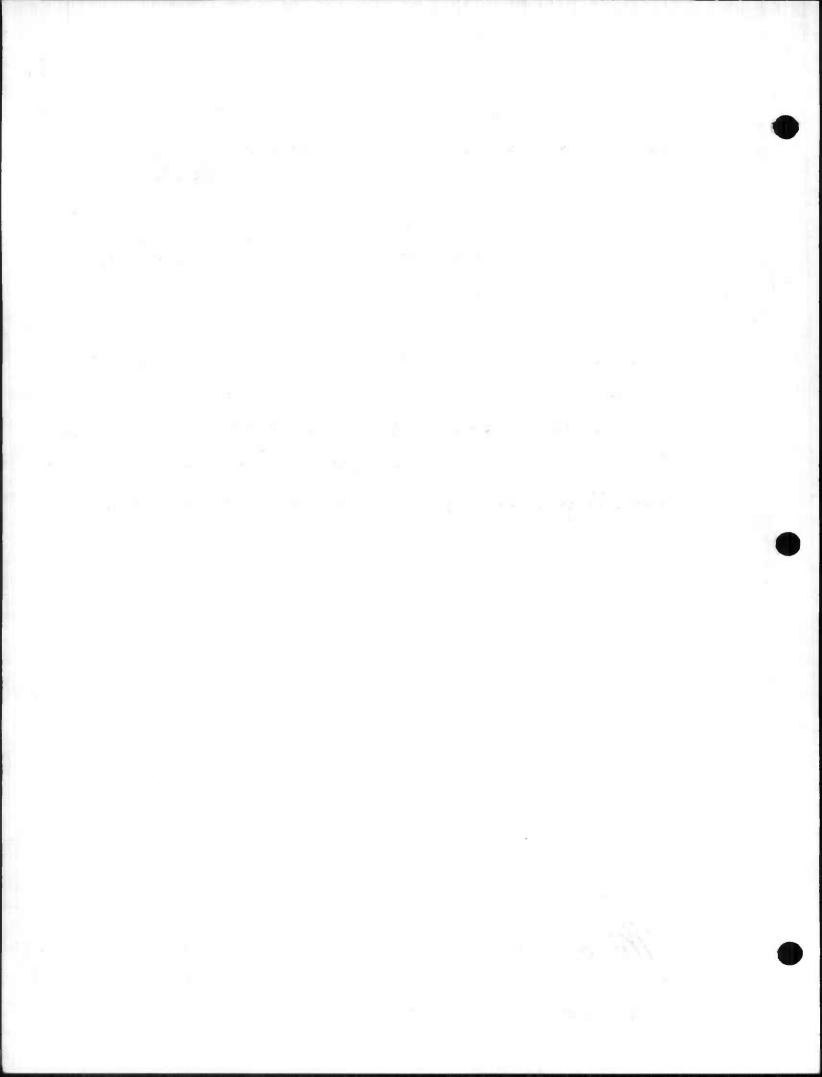
State Registrar 31. Data filed (Month, Day, Year)

AUG 2 5 199

30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)



# 407, MD 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Dey **Physician** HENRY August
4b. City, Town, or Location objects MILLER 19 1997 /Medical 4a. Fecility Name (If not institution, give street end number) 4c. County of Death **Examiner** Baltimore City Mercy Hospital Center If Undar 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. 8. Date of Birth
(Month, Dey, Year) 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) Funerai 1⊠ M 2□ F Yrs. 212-30-3164 64 Director Jan. 2, 1933 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Baltimore City N/A Maryland Director 1 ☑ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? b must be ns 23a 912 Quantril Way 21205 United States 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes X(X) No If Yes, Give Yaar or Dates: Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amarican Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Never Married 20 Married 1 ☐ Yes 2 🗓 No Specify: à 3 ☐ Widowed 4 ☐ Divorced Specify: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Stock Clerk Grocery Store 8 Years Baltimore, Maryland 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Ethel Hampton Henry Miller Is me 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Important: If item 27 Is any injury or other tra otice. Mrs. Ruby Miller/Wife 912 Quantril Way Baltimore, Maryland 21205 20b. Pieca of Disposition (Neme of cametery, cremetery or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burlai Z Cremation 3 ☐ Removal from State d Other (Specify) Hilltop Service Corp. 8/22/97 Towson, Maryland 21. Signature of Funeral Service bicen 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Pert1. Enter the disease, or complications that caused the defile. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approxi Approximate Interval Betw Physician /Medical Immediate Ceuse (Final ances Melastahe lung ~ 8 mos. disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted physician and s the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Dua to (or as a consequenca of): P.O. Box 68760, Dua to (or as a consequence of): Pert II. Other algnificant conditions contributing to death but not resulting In the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Records. þ sign be Completed 24b. Were europsy findings evallable prior to completion of cause of death? 24e. Wes an eutopsy performed? 1 Yes 2 2 No 1 ☐ Yes 2 ☐ No of Vital 26. Plece of Death (Check only one) STELLA MARIS AT MERCY or Attending Physician: Be 25. Was case raferred to medical Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 1 Yes 2 No Certification: To this To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this complately filled in by the funeral is 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Division 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piace of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Cartifier Medical 29b. Signature end title of certifier 29c. License number 29d. Deta signed (Month, Dey, Year) D. Domoma D40480 August 20, 1997

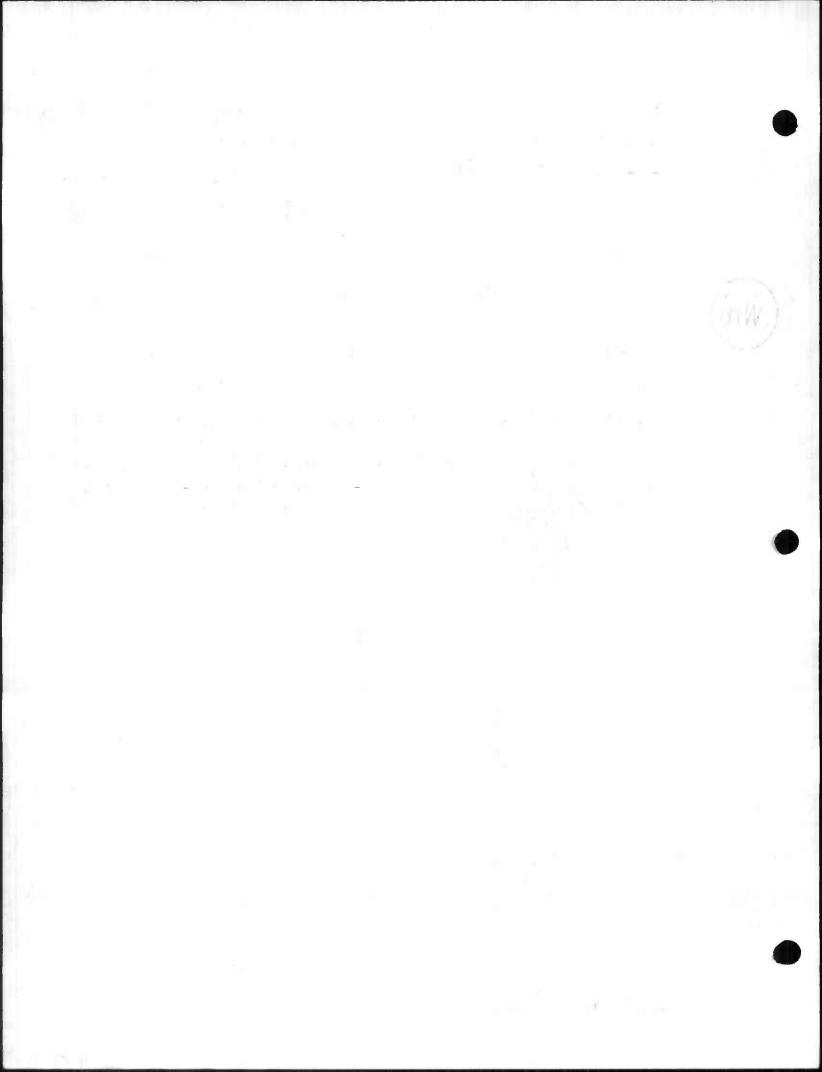
31. Dete filed (Month, Dey, Year) AUG 2 5 1997 State Registrar

FERNANDO

FERRO, MD 32. Registrer's Signature 5810 BELAIR RO

13A270.

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25563 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** MILLER POM /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street end number) 4c. County of Peetl **Examiner** GiMai Baltimore HOSDHA 5. Social Security Number 217264519 If Under 1 Yeer 9. Birthplece (Stete or Foreign 7, 1923 North Carolina If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Months Deys Hours 1 M 2 F Yrs. Director Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2□No Directo 19. more 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ä 238 Koad 21216 Funeral Rece - American Indian, Bleck, Whita, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 1 Never Married 2 Merried 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0026 Black 1 ☐ Yes 2 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) BIVER mployed 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be ould be Mental Alvina Pages 1 and 2 should b ment of Health and Ments ant: If Nem 27 is marked To erri 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ickers Rd. Button Per Meykond 21216
200 Location - City or Town, Stele Alvinia Miller (daughter) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Department of Important: If It any Injury or o 1 Buriel 2 Cremetion 3 Removel from Stete Pack 8 Batimore Macyland Arbutus Memorial 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Fecility
Joseph H. Brown JR Funeral Home, PA.
2140 N. Futton Avenue Baltimore Macylard 21217
Approximate 21. Signeture of Funeral Service Licensis narron Joypens 23e. Pert1. Enter the disease, or complications that authority the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each of the deeth. Approximate Interval Between Onset end Deeth **Physician** Immediete Cause (Finel diseese or condition resulting in deeth) /Medical Examiner Completed by Physician/Medical Examiner attending physician and for use as the burlel-trensit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 2 ER/Outpetient 3 DOA After this funeral dir 27. Menner of Death 28d. Describe how injury occurred 26a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 ☐ Yes 2 ☐ No s effer de.
\*\*al Director: A 2 Accident 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or A within 24 hours effer To the Funeral Direcompletely filled in b Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier edicai 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar

ate 31. Dete filed (Month, Dey, Year)
AUG 2 5 1997

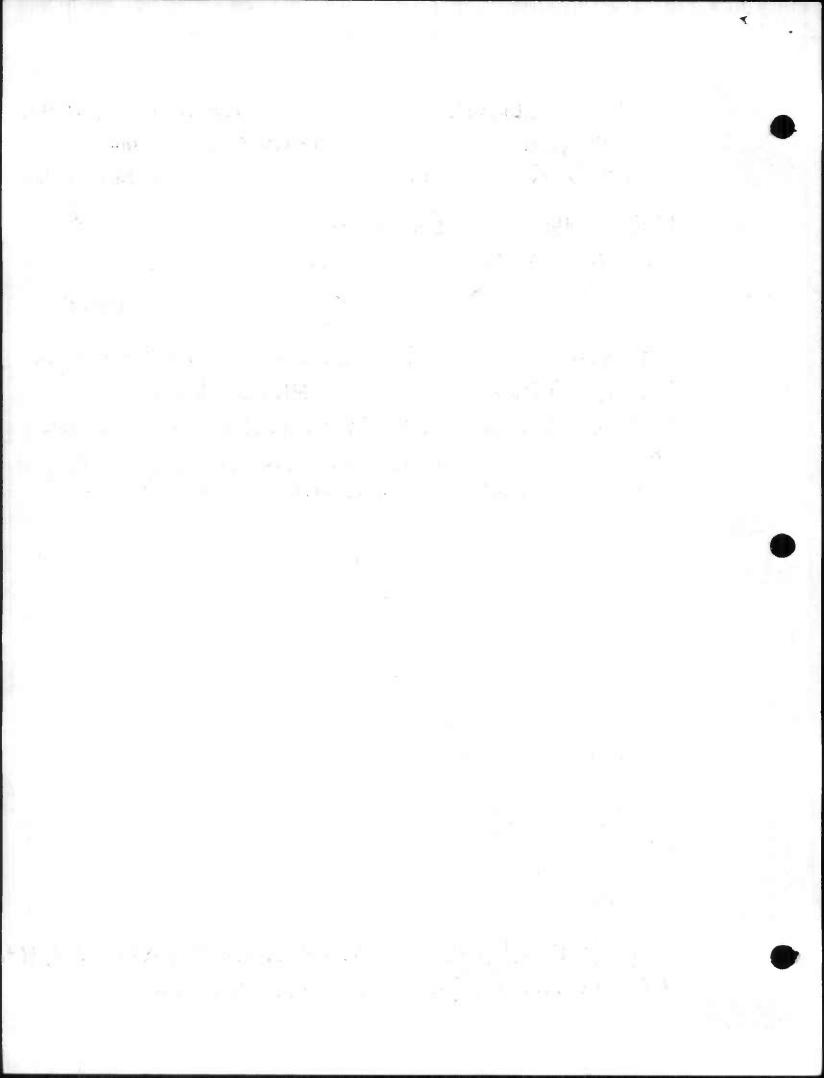
32. Aggistrar's Signeture

Julia Jury doon-Randall

eted ceuse of death (Item 23e) (Type, Print)

August 22

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25564 Certificate of Death 1. Decedent's Neme (First Middle Last) HAROLD Month LEE MANCE 02:45 AM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth BALTIMORE UNIVERSIT MD YOF a 5. Sociei Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, X1⁄2 M 2□ F Deys Country) SPARTANBURG, S Months Hours 67 Yrs 217-24-1026 1930 MAY 2 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits Wes 2□No BALTIMORE na 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? UNITED STA STATES 21217 PKWY 1917 **GWYNSS** FALLS 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ŽŽMo if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 1 Never Married 20 Married 1□Yes 2√1% BLACK Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry ENGINEER Elementery/Secondary (0-12) College (1-4or 5+) BALTIMORE CITY DEPT. of EDUCATION 12 th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) HATTIE JETER LOUIS MANCE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GWYNSS FALLS PKWY, BALTIMORE, MD MANCE -wife EVELYN 20b. Pleca of Disposition (Neme of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 8-27-97 RANDALLSTOWN, MD MEMORIAL PARK KING 21. Signature of Fytherei Service Licans 22. Name end Address of Fecility WM. C. MARCH FH.-4300WABASH Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete tntervel Between Onset end Deeth Metastasis Cancer of Unknown Rimany immediate Cause (Finel diseese or condition resulting in death) Due to (or es e consequença of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events Due to (or es e consequence of) Due to (or es e consequence of): resulting in deeth) Lest Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 201 No 25. Was case referred to medical examiner?

Physician /Medical Examiner

permit. Pages 1 and 2 st Department of Health and Important: if Item 27 is m any injury or other traum once.

Baltimore, Maryland 21216-9020

Box 68760.

Records, P.O.

Division of Vital

**Physician** 

/Medicai

Examiner

**Funeral** 

Director

ems 23s or 28s-f shorer must be notified at

b

Hyp

should be find Mental marked Director

Funeral

ģ

Completed

Be

2

MD

Examiner

Physician/Medical by Completed Be Certification: To

1 Yes 2 No

Menper of Death

1 Neturel 2 Accident

3 Suicide

29e. Certifier

4 - Homicide

(Check only one)

29b. Signeture and title of cartifier

physician and the burial-transit that the death certificate be as 188 0 signed by t peen a page 2 certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director,

C J

State Registrar

Medical

30. Name end address of person who complete ed cause of deeth (ttem 23a) (Type, Print) nien 31. Dete filed (Month, Dey, Year)

5 Pending Investigation

6 Could not be determined

Hospital:

Inpatient

28e. Date of Injury (Month, Dey Year)

32. Registrer's Signeture dia Davida

28b. Time of

28. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

2 ER/Outpetient 3 DOA 28c. Injury et Work? 28d. Describe how Injury occurred

1 ☐ Yes 2 ☐ No

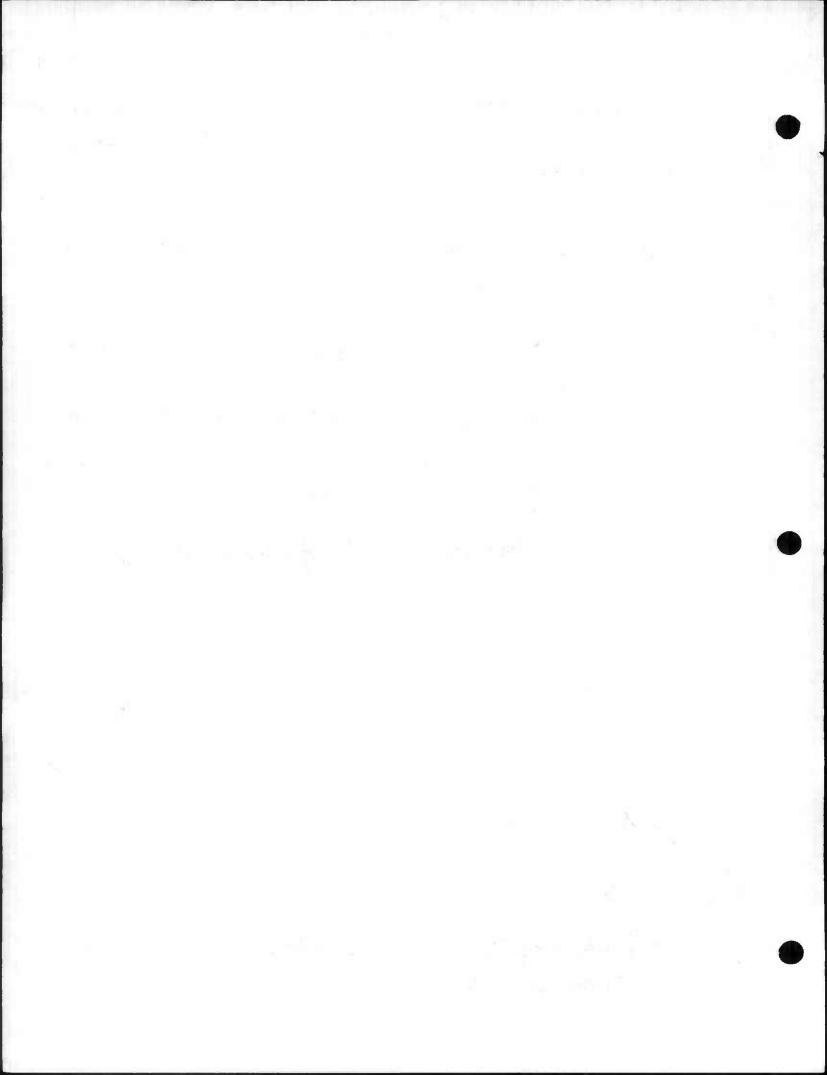
28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) \*\*Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end interinter as stated.

2 Medical Examiner: On the bests of examinetion end/or trivestigetion, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) end menner steted. Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

29d. Detę signed (Month, Dey, Year)

, University

**DHMH 16 Ray 6/95** 



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 25565

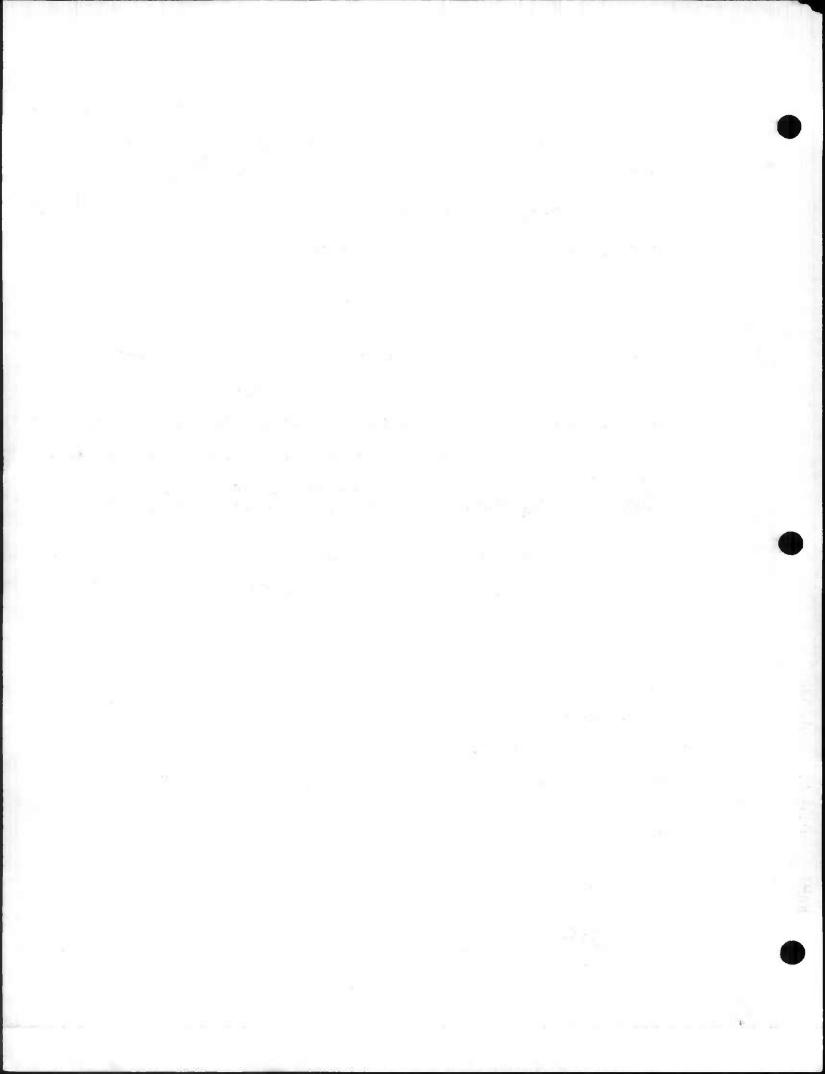
						Ce	rtificate	e of	Death			Reg. No	o.	100		
Physici		1. Decedent's Nama Regiv		P	1	yers	5				2. Data of De Month Augus	Do	4	رَجُّجُ ع		of Death
/Medic Examin		4a. Facility Nama (III	not institution, give	street and nu	mber) Cen	ter		i	4b. City, To Balt	wn, or Lo	cation of Deatl	h 40	. County	of Death		
Funeral Director	K	5. Social Security Nu 219-30-1 Usual Rasidance of	523	ax ØM 2□F	7. Aga (In yr	s. last birthday) Yrs.	If Undar Months		If Undar Hours		8. Data of Bir Month, Da 09/19	th ay Year)	)	9. Birthpi Count	aca (Stat try)	ta or Foraign
with the Maryland or 28a-f show be notified at	tor	10a. Stata	10b. County			City, Town or Lo								10		City Limits
with the Maryle 3a or 25a-f sho at be notified at	al Director	10e. Street and Num		1		GT CTIMOL	10f. Zip	Coda 239				10g. Ci		What Coun	try?	
WH	by Funeral	11. Marital Status  1 Nevar Marrie 3 Widowed	ed 22 Married		2 □ No va			ant of H			cify Yas or No Rican, atc.)		14. Rac	ok, Whita, a	Amaricen Indian, Whita, atc. Black	
The state of	Completed	(Spaci	15. Decedant's Ed fy only highast gra	ucation da complated)		18a. Dece (Giva	dent's Usua kind of wor DO NOT us	l Occup	ation during mos	t of workir	ng	16b. K	(ind of B	usinass/Ind	lustry	
Maryland 2121 d 2 should be filed within th and Mental Hygiene. T is marked other than '	Jumo	Elamentary/Secon	ndary (0-12)	Collega (	1-4or 5+)		oo not us ick ur					Ī	Food			
and 2 tal Hygind dother dother event, p	Be Co	17. Father's Nama (/									(First, Middla,			1a)		
ylan Puld be Mental Berked o	To B	rilton i	Ayers						Ber	rtian	Jones					
Marylar d 2 should be n and Menta 7 is merked traumetic av		19a. Informant's Na	me/Ralationship (7	ype, Print)		19b. Maili	ng Addrass	(Street	an <i>d Numb</i> i	er or Rura	l Routa Numb	er, City	or Town,	Stata, Zip	Coda)	April 1
			yers - Wi	ife					ra Roa	ad, F	Baltimo					
0 80 2 8			osition Cramation 3  Othar (Specify		Stata	Place of Dispo comatary, cre Garrisc	matory or ot	har plac		08	Data 3/22/97			gs Mi		
Baltim permit. Pa Departmen important eny injury once.		21. Signatura of Fun	aral Sarvice Licen	Work.	ell,	k. 2			ss of Faciliti inera. ce, Mi		ne, 108 201 -					
Physician /Medical Examiner	9	23a. Part1. Enter the shock, or heart  Immediate Cause (F disaasa or condition rasulting in daath)	failure. List only o	one cause on (	asta.	tic (	Colon				0.0	irrest,		2	Approximintarval E Onsat an	nata Batween nd Death
I Records, P.O. Box 68760, The law requires that the deeth certificate be assected that has been signed by the attending physician end page 2 should be detached for use as the burial-transit	n/Medical Examiner	Causa (Disease or injury that initiated evants resulting in death) Last  Dua to (or as a consequence of):														
O. Bo) le deeth ce the attend	Physician	Part II. Other signific	cant conditions co	entributing to d	eath but not re	asulting in the u	indarlyling ca	ausa giv	an in Part i		23b. Did	tobacco	use co	ntribute to	the caur	e of death?
igned by the about the detached	by Phy										10	Yes 2	2□ No	3 Prob	ebly 4	□Unknown
of Vital Records, Physician: The law requires the libric certificate has been signed injector, page 2 should be early and the certificate has been signed.	Completed										24a. Was	an auto ormed?	ppsy	cor	are autops plable pric inplation of death?	sy findings or to of causa
	S										10	Yas 2	No	1 🗆	Yes 2	P.□ No
f Vital I	Be c	25. Was case refarre axaminar?		Hospital:				Oth	-		(Check only					
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Division  Be or Attending is after death.  al Director: After led in by the fune	Certification:	3 ☐ Sulcida 4 ☐ Homicida	8 Could not be detarmined	288. PIRCE	of Injury - At ng, atc. (Spec	homa, farm, str cify)	raat, factory,	, office		2	28f. Location ( City or To	Street at wn, State	nd Numb a)	er or Rura	Routa N	lumber,
DIV To the Hospital or A within 24 hours effer To the Funeral Direc completely filled in by	edical	29a. Certifiar (Check only one)	Certifying Phy Medical Exam	iner: On tha b	best of my kr asis of axamir nar stated.	nowledga, daat nation and/or In	n occurred a vastigation,	it tha tin	na, data an pinion, dea	d place, a th occurra	nd dua to tha id at tha tima,	cause(s data an	and made,	innar as st and dua to	ated. tha caus	e(s)
To the within 2 To the comple	Σ	29b. Signature and ti	itla of certiflar	7.0	1.1				a number					d (Month, I		
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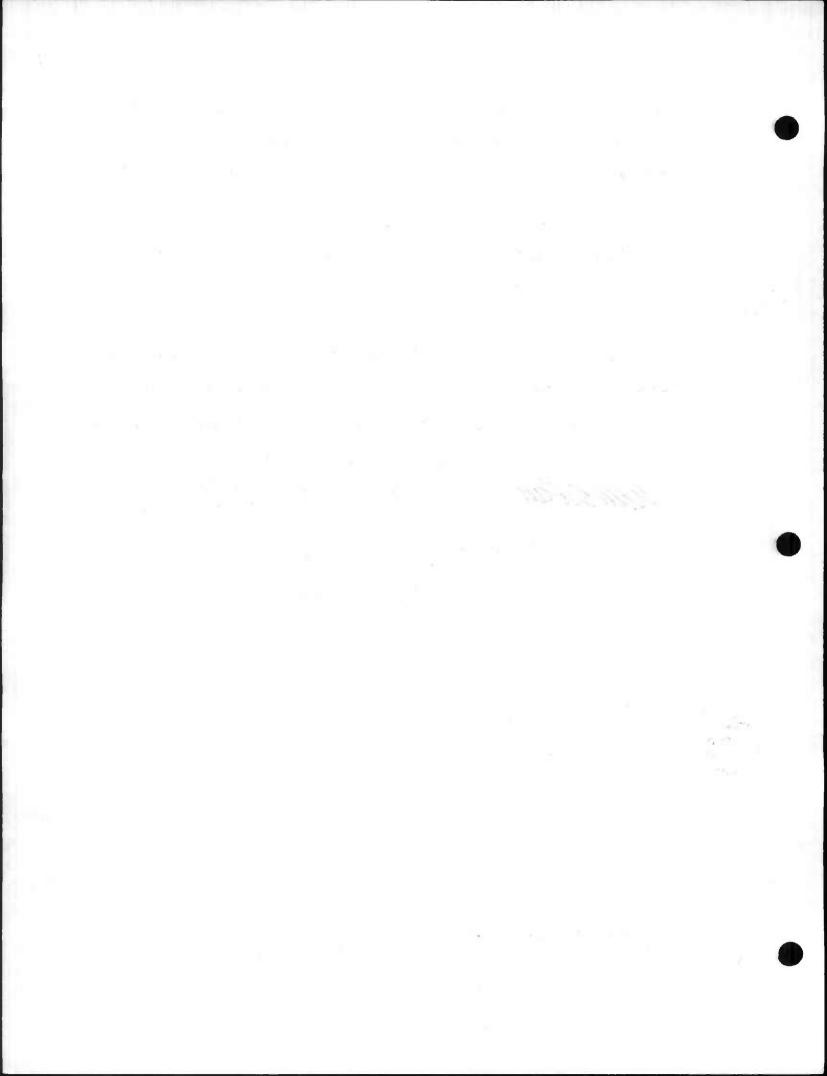
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			Certif	ficate of	Death		Reg. No.	1	2001	0 0
Dhooleise	Decedent's Nama (First, Middla, L.	ast)				2. Data of De	ath Dey	Year	3. Time of	Death
Physician /Medical	Anno D Malic					AUGUST	7 20 1°	997	22:	45
Examine		iva street and number)			4b. City, Town, or	Location of Deet	h 4c. County	of Death		
		LTHCARE			BALTIMO		N/	/A		
Funeral Director	126-14-6713	Sax 7. Aga (In yrs 1		Undar 1 Yaa onths Days		(Month, De	18,19	Coun	lace (Stata or htry) hio	Foraign
Varyland f show led at	Usual Rasidance of Decadant 10a. Stata 10b. County Maryland Balti		ity, Town or Location					10	0d. Insida Cit	
with the M ta or 28s-f the notifie	Maryland Balti 10e. Street end Number 1032 Collwood	Road	1	10f. Zip Coda 2.12	28		10g. Citizan of V United			
hours after death v urst, or items 23s il Examiner must	3 ☑ Widowad 4 ☐ Divorced	12. Was Dacedant Ever in the Armed Forcas? 1 □ Yas 2 □ No lif Yas, Giva Yeer or Detes:		Decedent of is, specify Cul	Hispenic Origin? (S ban, Maxican, Puarl Specify:		14. Rec Blac	ce - Americ ck, Whita,	an Indian, atc.	
WH and a second	15. Decedant's E (Specify only highast g	Education rade complated)	16a. Decedant (Giva kind lifa. DO l	's Usual Occu d of work done NOT usa ratio	ipation a during most of wor ed)	rking	16b. Kind of Bu	usinass/ind	dustry	
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Value and a		t)			18. Mothar's Nar	na (First, Middla	, Maidan Sumam	na)		
					Ruth C	arr				
Sper	19a. Informant's Name/Ralationship	(Type, Print)	19b. Mailing A	ddrass (Stree	at and Number or Ru		er, City or Town,	Stata, Zip	Coda)	
27 the state of th	Orville F. Hays	3	411 N	ewbur	q Avenu	e Cat	onsvill	le,Me	d. 21	228
mit. Pages 1 a partment of Hea portant: if Item y Injury or othe	20e. Mathod of Disposition  1 Burial 2 Cramation 3 4 Donation 5 Other (Spec	Ramoval from Stata	Place of Dispositio	on (Nama of ony or othar pla		Data	20c. Location -	City or To	wn, Stata	
Departm Departm Imports any inju	21. Signature of Funeral Service Lice	nsel a hom	Am	brose	ress of Fecility Funera					
	23a. Part1. Entar tha disaase, or cor shock, or haart tailura. List only	npilcations that caused tha daa y ona causa on aach iina.	ith. Do not entar th	28 Su ne moda of dy	1phur Sing, such as cardiad	pring or respiretory e	Road 21	L227	Approximata Intarval Betw Onsat end D	veen
Physician /Medical Examiner	immediata Causa (Final disaasa or condition rasulting in daath)	· RESPIRA	TORY F	FAILU	KE				9 DA	
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betu di min		6. PNEUMON		9	TSPIRAT	102		1	9 DAG	1>
entiticate be executed fing physician and se as the bunel-transit		· SEPSIS	or as a consaquan					(	9 DAY	'S
ding Se es	rasulting in daath) Last	d	or as a consequent	ce or):						
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es that the death cer igned by the ettendir be deteched for use by Physician/A	CEREBROVASC			lying causa g	IVAN IN PANTI.		tobacco use cor Yes 2□ No	/		
been s should	CHRONIC REN.					24e. Was	en autopsy ormed?	SVE	ara autopsy fir ellable prior to mplation of ca daath?	)
certificate hes rector, page 2		DOCTIVE PULL	10NARY	DISEA		10		10	Yas 2191	160
Physician: this certific ral director, TO Be	axaminar?	Hospital:	7500	0	26. Place of Dea			40 4		
fing Physic Affer this of funeral dire		28a. Data of injury (Month, Day Yaar)	28b. Tima of Injury	28c. Inju	iny at ork?		dence 6 Other		y)	
To the Hospital or Attending Phwithin 24 hours else death.  To the Funeral Director: After the completely filled in by the funeral Medical Certification:	2 Accidant Invastigation 3 Suicida 6 Could not I 4 Homlolda datarmined	00	noma, farm, straat,	111	]Yas 2□No	28f. Location ( City or To	Street and Numb wn, Stata)	er or Rura	l Route Numb	oer,
ne Hospitu in 24 hours he Funera pletely fille	29a. Cartifiar 1 ☐ Certifying P (Check only one) 2 ☐ Medical Exa	nysician: To the best of my known in the basis of axamina and mannar stated.	owiadga, daath occ ation and/or invasti	curred at the t gation, in my	lma, data and piace opinion, daath occu	, and due to the rred at tha tima,	causa(s) and ma data and place, a	innar as st and dua to	ated. tha causa(s)	
To the comp	29b. Signetura end title of sertifier	1		29c. Licen	se number		29d. Dete signed	d (Month, i	Day, Year)	
6	the	> MO		PI	1704	6	AUGUST	7.0	1997	
<b>(</b> )	30. Nama and addrass of person who	complated causa of daath (ital	m 23a) (Type, Print		,	0.	1.74 N S T			
	MALEN GHANI,	M.D. 900 CATE	N AVEN	UE. BA	LTIMORE	MO Z	1229			
State	31. Data tiled (Month, Day, Yaar)	32. Ragistrar's Sign			.,					



State of Maryland / Department of Health and Mental Hygiene 97 25567

						Cer	tificate of	Death		Reg. No.	1 6	_ 0 0 (	3 1	
Div			1. Decedent's Neme (First, Middle, La	st)					2. Dete of De Month		Vane	3. Time of	Deeth	
	ysici: Medic		Leonard P. Mags	amen Sr.					August	19,	1997	11:15	AM	
	amin		4e. Fecility Neme (If not Institution, giv		- 1			4b. City, Town, or	Location of Deet	h 4c. Count	y of Death			
			Canton Harbor	. Health Ca	re Ce	nter		Baltim	ore	1	V/A			
Fund Direct			213-03-4130	ex 7. Age ØM 2□ F 7	(In yrs. les	t birthday) Yrs.	if Under 1 Yea Months Deys		8. Dete of Bir (Month, Da Sept.	th ly, Year) 17, 1918	9. Birthol Count Mary	ece (Stete o	r Foreign	
D .	_		Usuel Residence of Decedent  10e. Stete 10b. County		10c City	Town or Lo	cation				11	d. inside Cit	by Limite	
fanyt aho	nd at	5			,						10	1 X Yes		
3 2	iii	Director	Maryalnd N	1/A		Da	ltimore			10a Citizen of	Minot Count			
ath with	wat be	rai Dir	617 N. Clinton Sa				2120			10g. Citizen of Whet Country? U. S. A.				
Come	8	Funeral	11. Maritel Stetus	12. Was Decedent Ev Armed Forces?		13. V	Vas Decedent of Yes, specity Cu	Hispenic Orlgin? (S ben, Mexicen, Puerl	pecify Yes or No to Rican, etc.)	)- 14. Re Ble	ce - America ck, White, e			
HWE	(Stant)	Completed by F	1 Never Married 2 X Married 3 Widowed 4 Divorced	1 X Yes 2 □ No If Yes, Give Yeer or Detes:	WWII		□Yes 2X No			Speci	s: wh	ite		
10	7	ete	15. Decedent's Ed (Specify only highest gra	lucetion de completed)		16e. Deced (Give	ent's Usuel Occu	upetion e during most of wor ed)	rking	16b. Kind of E	lusiness/Ind	ustry		
12	3	Idm Idm	Elementery/Secondary (0-12)	College (1-4or 5+	-)				*	114.0				
2 L	祖	S	12th Grade			trect	ric wel	1		Utili		ipany		
D state	9.4	Be	17. Fether's Neme (First, Middle, Last, Robert R. Magsan						me (First, Middle					
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Maryland d 2 should be fill th and Mental H	raum		19e. Informent's Neme/Reletionship (					et end Number or Ru						
- 5 % N	Dec.		Annabelle Magsame	n (Wife)	20h Bloc	617 N	. Clint	on St., B	altimore					
C # C ***	ury or o		1 ⊠ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif		Gard	dens (	sition (Name of hetory or other pl of Faith	ace) 8/2	2,123	20c. Location  Baltim			ınd	
Ball permit Depart Import	any injury once.		21. Signeture of Funeral Service Licer	200		Sc	Name end Add himunek	ress of Fecility Funeral ms Lane,	Home Inc	2.	ul and	01012		
		$\Box$	23a. Pert1. Enter the diseese, or com shock, or heart failure. List only	olicetions thet caused t	he deeth.	Do not ente	or the mode of dy	ring, such es cardia	c or respiretory e	rrest,		Approximete	0	
Physic /Medi Exami	ical		Immediate Cause (Final disease or condition	e. MA								Intervel Bet Onset end I	Deeth	
Exami	Hei		resulting in death)	D. D	ue to (or e	s e conseq	uence of):							
. g	¥.	ine	_	FND	55	AC	: A1	ZC.Hi	FMED	) )				
and	tran	Examiner	Sequentially list conditions,	D. D	ue to (or e	s e conseq	uence di):			-				
68760, rifficata be axecuted aphysician and	ejuno		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury	0										
68760, fficata be ax	that	Medicai	thet initieted events resulting in death) Last	D.	ue to (or es	e consequ	ience of):				1			
lecords, P.O. Box 68760, law requires that ha death certificata be axecuted as been signed by the attending physician and	88	Me		d										
P.O. Box that the death cert ed by the attendin	for c	Physician/												
O the dy	ched	ys	Pert II. Other significant conditions of	ontributing to death but	not resulting	ng in the un	derlying ceuse g	iven in Pert I.		tobacco uee co				
S, P.	data		V 18687	415	(	4			1 🗆	Yee 2 No	3 Prob	ably 45	Unknown	
of Vital Records, Physician: The law requires this certificate has been signed.	할	d by	DI	L EFF					24e. Wes	en eutopsy	24b. We	re eutopsy fi	indings	
cord v require been si	SPO	Completed	PLUERA	C 281-	=u	500	2		perfo	omed?	con	llable prior to npletion of c	ause	
Re law	98 2	E I	J									leeth?		
Vital R	r, pa		AP 111 - VANDA - 1 - 1 - 1 - 1						10	Yes 2 No	1_	Yes 2	No	
of Vita		Be	25. Wes cese referred to medical exeminer?	Hospital:			_ 0	thor b	eth (Check only o					
Phys this	<u>a</u>	2	1 Yes 2 Mo	1 LI Inpatient	-	VOutpetlen	3LI DOA	4L34Tursing P	fome 5 ☐ Resi	dence 6 DOt how injury occu		)		
Aftar	e l	Certification:	Veturel 5 ☐ Pending	28a. Dete of injury (Month, Day	Year)	Injury	28c. Inju	ork? ☐Yes 2☐No	200. Describe	now injury occu	1160			
Division or Attending effer daeth. Director: Affar	e l	lica	3 ☐ Suicide 6 ☐ Could not b		v - At home	form etre			28f Location (	Street end Num	her or Rural	Route Num	her	
Oiv or seffer	<u></u>	E	4 ☐ Homicide determined	building, etc.	(Specify)	, rem, suc	et, lectory, office	,	City or To	wn, Stete)	00, 0, 1,0,0,	riodio rigini	001,	
poltai ours erai	1		29a. Certifier 1 Certifying Ph	ysicien: To the best of	my knowle	dae deeth	accurred at the	ime date and place	and due to the	eauco(s) and m	onnor on ot	ntod		
24 h	etaly	edicai	(Check only one)	iner: On the basis of e	xamination	end/or inv	estigetion, In my	opinion, deeth occu	rred et the time,	date end plece	and due to	the cause(s	)	
Division of To the Hospital or Attending Physical Within 24 hours effer deeth. To the Funeral Director Affar this Conductivities in the Affar this		Ž.	29b. Signature and title of certifier	and mainer state			29c. Licer	nse number		29d. Dete sign	ad (Month, I	Dey, Year)		
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	$ \mathcal{Y} $	-	1				レリ	4110		Ary.	2011	-14	17	
\			30 Nemglend eddress of person who	1RABH	All	12.1	Print)	11504	DORE	ms R	o BH	T.M	12/2	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

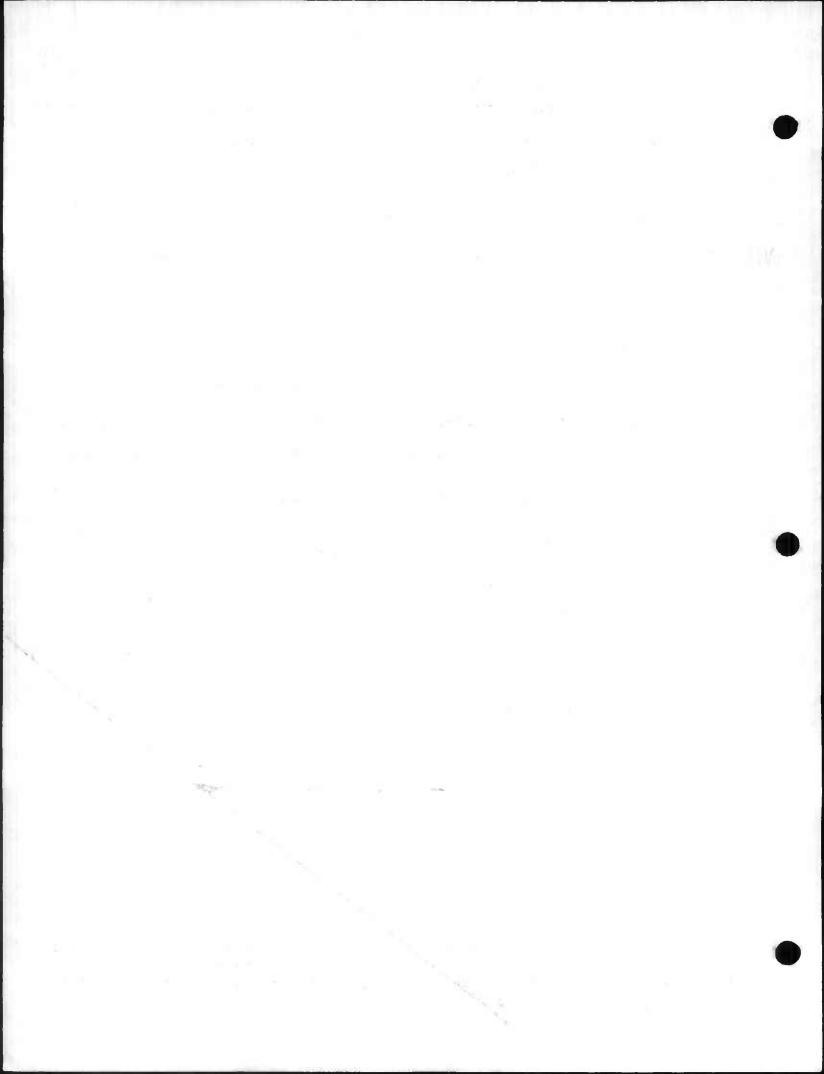
	TIEGIOTI IATI			OLI	11111	JAIL	Jr L	JEAII	П	HE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF										3. TIME OF DEATH				
	FLORENCE		Ţ.	PARKE	lR					монтн 8	DA	12	97	1:30 a w
	4. SOCIAL SECURITY NUMBER	5. SEX		(In yrs. last b		IF UNDER 1 YE	AR	IF UNDER 24	HRS.	7. DATE OF BU	TH		8. BIRTH	IPLACE (State or Foreign
	219-58-337	Q 1 0 M 2 T	F	82	YRS.	IONTHS DA	WS H	IOURS	MIN.	(Month, Day, 7-9-	Year)		Countr	γ)
	9a. FACILITY NAME (If not institution	0		02		9b. CITY, TO	WW CT	LOCATIO	LOF CO.		L)	A. en		sh., D.C.
œ									OF DEAT	ref			NTY OF D	
2	North Hampt	on Nurs	ing H	ome		Fred	eri	LCk				FF	REDE	RICK
DIRECTOR		COUNTY		1	10c. CITY	TOWN OR L	OCATIO	M						10d. INSIDE CITY
E	MD F	REDERICK				DERI								LIMITS?
	10e, STREET AND NUMBER													
₹	200 E. 16t	h C+					242.1	IP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
9	200 E. 100	II bc.					21	L701				U.	S.	
FUNERAL	11. MARITAL STATUS	FORGER	EDENT EVER I	N U.S. ARME	D					ORIGIN? (Spe		or No-	14. RACE	— American Indian, c, White, atc.
BY	1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, G	IVE WAR OR D	ATES				NO.		Puerto Rican,	etc.)			WHITE
														MUTIE
Ĕ		T'S EDUCATION est grade completed)		16a. DECE	DENT'S US	SUAL OCCUI	PATION	of working		16b. KIND	OF BUS	INESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4	or 5 +)	illa. Do	NOT use	retired.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or tronding						
를		2 year	cs	Hon	nema	ker				N/A				
COMPLETED	17. FATHER'S NAME (First, Middle,						1	6. MOTHE	R'S NAME	E (First, Middle,	Maiden S	Surname)		
BEC	Rae Pattsor	Wright					T	aur	a T	ecret	ia	Bro	ok	
	19a. INFORMANT'S NAME (Type/Pri			19b. A	AILING A	DDRESS (Str				ute Number, City				
2	Stewart Par	rkor												21791
1	20a. METHOD OF DISPOSITION		201	b. PLACE AND					U	DATE	_			
	1 Buriel 2 Cremation 3		e cen	netery, cremai	tory or othe	er place)								
	21. SIGNATURE OF PUNERAL SER	VICE I ICENSEE		tate	717	COMY	BC	pard	05 510	1774	Ral	tlm	ore,	MD
		Ronald S/	Wade,	Dire	ctor	Sta	te	Anato	omy	Board,	655	5 W.	Ba1t	imore St.
j	Januar	11110	ee											
	ahock, or haert fellure. List only one cause on each line.											Approximate		
												Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition	D. 3		. p.41		: -								
l	resulting in death)	a. Pulr	nonar	Y FIR	DIOS	TS								years
		_	(Sii Aa i		LITOL OF J.									
8	Sequentially list conditions,	b	E TO (OR AS A	CONSEQUE	ENCE OF									
F	If any, leading to immediate cause. Enter UNDERLYING		= 10 (On A3 /	OUNSEOUE	INCE OF):									
5	CAUSE (Disease or Injury	C	E TO (OR AS A	CONSEQUE	NCE OF									
Ē I	thet initiated events resulting in death) LAST		_ 10 (On A3 /	- OUNGEUUE	LIVE UP):									
CERTIFICATION		d												
	PART II. Other aignificant co	nditiona contributin	g to death b	out not ree	ulting in	the under	lying c	euee giv	ren in Pa	irt I. 24a. V	MAS AN	UTOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL							, ,	9.4		F	PERFORI	MED?	240.	AMAILABLE PRIOR TO COMPLETION DF CAUSE
	Gall Stor	ies, Gasi	riti	s, Ke	ELLU	X				_ 10	YES 2	X <sub>NO</sub>		OF DEATH?
Σ	DID TOP A GCC 110					_								1 - YES 2 - NO
ž I	DID TOBACCO USE C		CAUSE C					UNCE	RTAIN	<del>,</del>				
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL		26. PLACE (		(Check only o	one)			71				
XS	1 TYES 2 NO		2 - ER/Out	patient 3 🗆			Home	5 🗆 Rasid	dence 6	Other (Spec	ffy)			
표	27. MANNER DF DEATH	(Mo	e OF INJURY	2	66. TIME (		INJUR	Y AT	2	8d. DESCRIBE	HOW IN	JURY OC	CURED	
BY	1 Natural 5 Pendis	ng			1,410,41			3 2 N	NO					
	3 Suicide 6 Could	28e. PLA	CE OF INJURY	f — At home,	, farm, stre	et, factory,	office		2	61. LOCATION		nd Number	or Rural R	loute Number,
Ē	4 Homicide detarm		ang, are, coper	~··y)						City or Town	i, State)			
۱۳	29a. CERTIFIER 1 N CERTIFYING	G PHYSICIAN: To the b	at at any har-	dada. di		-4.457	4-4							
COMPLETE		G PHYSICIAN: To the be												
8			or azaminatio	and/or inve	anigation,	in my opinic	n, deat	n occured	at the tin	ne, data and pl	ace, and	dua 10 th	e cause(a)	) and manner as stated.
w II	296. BIGNATURIS AND TITLE OF CO	ERTIFIER	2 10	21			21	9c. LICENS	SE NUMBE	ER	T	296. DAT	E SIGNED	(Morth, Day, Wer)
	doy 6	HARLEY)in	- KN	7				D2	210	1	- 1	•	8/1	4/97
일	30. NAME AND ADDRESS OF PER	WHD COMPLETED	CAUSE DF DE	ATH (ITEM 2	7) (Type, Pr	rint)	_	20 60	220				0/1	
	1475 Taney	Ave. Su	ite 2	04 F	rede	erick	٠, ١	MD 2	2170	2				
	31. DATE FILES (Month, Day, Year) AUG 2 5 1997	33 REG	JEANS SIGN				,							
	AUG 2 5 199/	d	W I WOOD V		-									1
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CORRECTION
FORM
ATTACHED
TAKING IFF
SAB
BALTO, MD

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Date of Deeth 3. Time of Deeth **Physician** Month BETTY PRETLOW 1:45 PM AUGUST 1997 12 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner SINAL HOSPITAL BALTIMORE OF BALTIMORE Months Days Hours Min. 8. Date of Birth Day. Year 1932 HARLETI, NYC 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign **Funeral** 1□ M 2♀ F 218-23-5625 65 Yrs. Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND Director 18 Yes 2 No BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2220 WEST FAYETTE ST. 21216 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 Never Married 2 Married 1 ☐ Yes 2 the No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: ð Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12)
10th GRADE College (1-4or 5+) PARA PROFFESSIONAL BALTO. CITY SCH.SYS permit. Pages 1 and 2 should be fits.
Department of Heath and Mental Hy important: if Item 27 is marked other any Injury or other. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be EXENEST E. FORD CORRINE FORD 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ERNEST E. PRETLOW SR/SPOUSE 2220 WEST FAYETTE ST., BALTO. MD.21216 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State DRUID RIDGE CEHETERY8/23/97 PIKESVILLE. Md. 4 Donetlon 5 Other (Specify) -21. Signature of Funeral Service Licensee 22. Name and Address of Fecility UNITY FUNERAL HOME BALTIMORE, Hd. 21201 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer feilure. List only one ceuse on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final CARCINOMA LUNG disease or condition resulting in death) Examiner Due to (or es e consequence of) Physician/Medical Examiner NEUTROPENIA buriel-trensit and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. physician that the death certificate be the Due to (or as a consequence of) 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 2 DEHYDRATION 1 Yes 2 No 3 Probably 4 Unknown signed t Records, à 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peeu page 2: certificate 1 Yes 2 No of Vital Hospital or Attending Physician: 24 hours after death. 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: Nunpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Medical Certification: 28c. Injury et Work? After Division 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident Director: d in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 THomleide To the Hospital o within 24 hours af To the Funeral Di completely filled in 29a, Certifier 🔁 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) lodor AS 2402321-MT 9004 AUGUST 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) NIRCEA C- TODOR 0 2401 W. BELVEDERE AVENUE, BALTIMORE, MD 21215 SINAI HOSPITAL OF BALTIMORE State

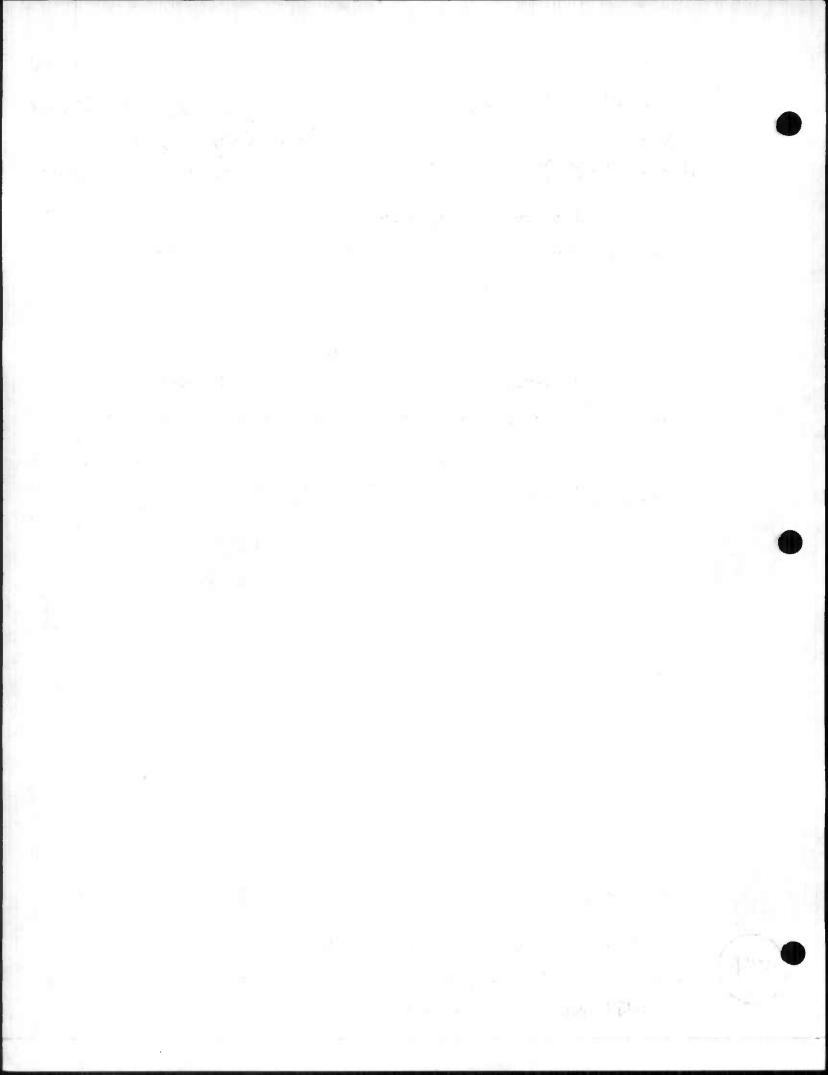
**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 25570

	Item !	5 Pe	er FH Film G/50 8-25-9	7 rja	Cer	tificate o	f Death		Reg. No.	)	20010				
	Physic	ian	1. Decedent's Neme (First, Middle, L	O Pamp	lin		1.1	2. Date of Do		Year	3. Time of Deeth				
6	/Med				1771		1	8		97	2:20 AM				
	Exami	Н		Sex / 7. Age (in	yrs. lest birthdey)	If Under 1 Yes		City 8. Dete of Bi	Balt	imor	ce City  plece (Stefa or Foreign				
	Director		Usuel Rasidenca of Decedant	10M 20F	82 Yrs.	Months Day	Hours Min.	April	15 1915	5 S.	Carolin				
2	show	-	10a. Stata 10b. County		c. City, Town or Loc					1	Od. Instda City Limits				
Medi	288	ecto	Md. Balts  10e. Street and Number	Illore	Edgemer	_					1 ☐ Yes 2X No				
tiw the	23a or	Funeral Director	3140 Main Ave			10f. Zip Code 2121			10g. Citizen of W	/hat Coun	try?				
21215-0020 d within 72 hours after death with the Mandand	natural, or flems 23a or 28a-f show	by	11. Marital Status  1 □ Never Married 2 □ Merried  3 ☑ Widowed 4 □ Divorced	12. Was Decedent Evar Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Giva Year or Dates:		/as Dacedent of Yas, specify Cu ☐ Yes 2 N	f Hispanic Origin? (Suban, Mexican, Puart Suban, Specify:	pecify Yas or No o Rican, etc.)	Specify	k, White,	ean Indian, etc. ite				
		Completed	15. Decedent's E (Specify only highest gi	ducation ade complated)	18e. Deced	ent's Usual Occ and of work don	upation e duning most of wor	king	16b. Kind of Bu	siness/Inc	dustry				
d 2121	then then	d E	Elemantary/Secondery (0-12)	College (1-4or 5+)		O NOT use reti			Meat						
	Il Hygiena. other than vent, the M		17. Fether's Neme (First, Middle, Las	"	meat	Cutte		ne (First, Middle	, Meidan Sumem	Θ)					
lan ad bit	marked comments ov	To Be	John Robert I	Pamplin					Bradsh						
, Maryland and 2 should be file	alth ar 27 is r trau		19e. Informent's Neme/Reletionship Frances Schmit				et end Number or Ru		er, City or Town,						
<b>a</b> –	o = o		20a. Method of Disposition 1	Removet from Stete	Ob. Piece of Dispos cematary, crem Oak Law	etory or other p	1	Date 25-97	20c. Location -						
Balt Pemit.	Department Important: If any injury or once.		21. Signeture of Funerel Service Licensee  22. Name and Address of Fecility Connelly Funeral Home of Dundalk 7110 Sollers Point Rd 21222												
Pł	nysician		23a. Pert1. Entar the disease, or con shock, or heert feiture. List only	one cause on each line.	Do not enta					5	Approximete Intervel Between Onset end Death				
1	Medical xaminer	Ŀ	Immediate Cause (Final disease or condition resulting in death)	· aspire	to (or es a consequ	Dreun	rollia				10 hours				
77	=	ne.		Daganil	to (or es a consequ	lence of):	LOLMAN	10. CI.	0 40100		2 1 -				
), executed	n and al-trans	Examiner	Sequentially list conditions, if eny, laeding to immediate cause. Entar Underlying Cause (Diseese or Injury thei Initiated evants	b. Due	to (or as a consequ	ence of):	Lerno	dise	ase		syca75				
x 68760, entificate be executed	physician and st the bural-transit	Medical	Cause (Disease or injury that initiated evants resulting in deeth) Last	C. Due	to (or es e consequ	ence of):									
0	2 4			d											
The deat	ed by the atter	Physician	Pert II. Other significant conditions of	contributing to deeth but no	t resulting in the un-	derlying cause of	given in Pert I.	23b. Did	tobacco use con	tribute to	the cause of death?				
T tat	ned by deta	by Ph						10	Yes 20 No	3 Prob	bably 4 Unknown				
VITAL RECORDS, P.O. Bo	JJ (S	Completed b	V III						en eutopsy ormed?	cor	ore eutopsy findings allabla prior to mpletion of causa deeth?				
He L	2 8	Eo						10	Yes 2000		Yas 2□ No				
E ::	is certificate director, pag	Be	25. Wes casa referred to medicat exeminer?				26. Placa of Dear		1113						
OT VITA Physician:	Ø 70	2	1 ☐ Yes 2 ☐ No		2 ER/Outpetient	3□ DOA O	ther: 4 Nursing H	ome 5 Rasi	dence 6 □Othe	or (Specify	')				
E 5	After funer	ertification:	27. Menner of Deeth  1  Naturel		28b. Time of Injury	28c. Inj. W	ury at ork? □ Yes 2 □ No	28d. Dascribe	how Injury occurre	ed					
Ital or Att	를 를 드	Certif	3 ☐ Suicida 6 ☐ Could not be determined	28e. Ptace of Injury - building, atc. (Sp	At home, ferm, stree pecify)	et, factory, office	9	28f. Location ( City or To	Street and Numbe vn, Stete)	r or Rurai	Routa Number,				
the Hospital	Fullin 24 hours a To the Funeral I completaly filled	edical	29e. Certifiar (Check only one)	ysician: To the bast of my niner: On the basis of exer and menner stated.	knowledga, daath o minetion end/or tnve	occurred et tha t stigation, in my	tima, dete end place, opinion, daath occur	and due to tha red et the tima,	causa(s) and mer dete end plece, a	nnar as stand due to	ated. the causa(s)				
To	1000	Σ	29b. Signatura and title of certifiar	· ^			nsa number		29d. Date signed						
Y	)		7n Labelle	las gree	( we will	1)/	3657	(	ugust	23,	,1997				
( )	VH)		30. Nema and address of person who $\mathcal{N}$ . $\mathcal{B}$ $\mathcal{B}$ $\mathcal{E}$ $\mathcal{D}$ $\mathcal{B}$	complated cause of daeth	(ttem 23a) (Type, P ESWICK)	700 W	3657 40 K STI	REET, A	BALTIOTAL	RE, M	12/21/				
	Sta Registr		31. Dete filad (Month, Day, Year) AUG 2 5 1997	32 Registrars S	Ignetura doon-Randal	4									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** Month August 20, 1997 10:24 p.m. Chandubhai M. Pate1 /Medical 4b. City. Town, or Location of Death 4a. Fecility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Takoma Park Montgomery Washington Adventist Hospital If Under 1 Year If Under 24 Hrs. 8, Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) **Funeral** XIX M 2□ F Yrs. 212-21-0390 Director Nov. 23, 1930 India Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show ust be notified at the Mary 1 ☐ Yes 2 ☑ No Directo Howard Laure1 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 9434 Northgate Drive 20723 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2XXNo If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 X Married Specify: Asian Indian 1 ☐ Yes XXNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Baltimore, Maryland 2121 Elementary/Secondary (0-12) Collage (1-4or 5+) 2 12 Teacher Public School System Filed 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental I marked Surajben Patel 2 Manakalal Patel and is 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Health Hem 27 i 9434 Northgate Drive, Laurel, Maryland 20723 Unmesh Pate1/Son 20b. Place of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Department of Important: If th any Injury or or otics. 1 ☐ Buriel 2 X Cremetion 3 ☐ Removei from State 4 □ Donation 5 □ Other (Specify) Baltimore Washington Cr. 8/23 Laurel, Maryland 21. Signature of Funeral Service Licansee 22. Name end Address of Fecility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) · hemorrhagic shoc hours Examiner Examiner Left ventricular

Due to (or as e consequenca of): The law requires that the deeth certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Disease or injury d and open Cardiac
Due to (or as e consequênce of): Mussage Box 68760, closed that initiated events resulting in deeth) Last mitral value replacement for stenosis nouvs

Physician/Medicai by Completed Be 2

attending physician certificate Certification:

or Attending Physician: within 24 hours after death.

To the Funeral Director: After completely filled in by the funer

Division of Vital Records, P.O.

W

Medicai

25. Was case refarred to madical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 2 Accidant 3 ☐ Suicide

4 Homicide

29a. Certifier (Check only one) 5 ☐ Pending investigation Could not be determined

28a. Date of tnjury (Month, Dey Yeer) 28b. Time of

Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Part II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Tyes 2 □ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

26. Place of Death (Check only one)

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, deta end placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end placa, end due to the cause(s) and manner statad.

28d. Describe how injury occurred

2 No

24a. Was an autopsy parformed?

29b. Signature and title of cartifier

29c. License number MD

29d. Date signed (Month, Dey, Year) August 20,1977

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown

24b. Wara autopsy findings available prior to

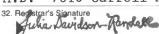
completion of cause of death?

1 ☐ Yes 2 No

30. Name and addrass of parson who complated causa of daath (Itam 23a) (Type, Print)

Thomas C. Militano, M.D. 7610 Carroll Avenue, TAkoma Park, Maryland 20912

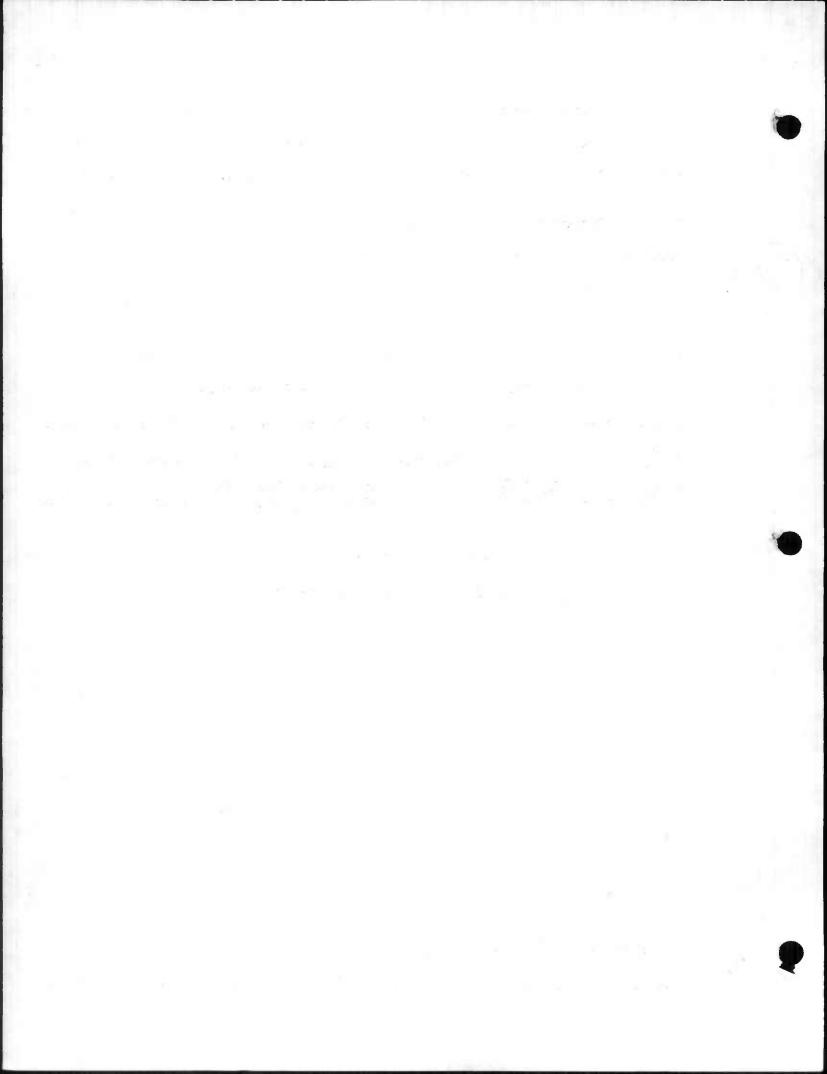
State Registrar



State of Maryland / Department of Health and Mental Hygiene 07 25572

					Cen	tificate o	f Death		Reg. No.	1	20012	
Physicia	an	Decedent's Name (First, Middle, Last)				2			2. Date of Death Month Day Year  3. Time of Death			
/Medic Examin	ai	Michael Joseph Plavetzky, Jr.  4a. Facility Name (If not institution, give street and number)					4b. City, Town,		25, 199	97	1:45 a.m	
		12203 Mt. Pleasant Drive Lau						Prince George				
Funerai	П	5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yi					r If Under 24 h					
Director	Director									, 1939 New Jersey		
arytar show all at		10a. Stata 10b. County 10c. City, Town or Location								1	10d. Inside City Limits 1 ☐ Yas 2 ☑ No	
the Maryla 28a-1 sho notified at		MD Prince George Laurel  10e. Street and Number 10e					Of. Zip Code 10g. Citizen of What Country?					
		12203 Mt. Pleasant Drive			20708				USA			
	by Funeral	11. Marital Status 1 □ Never Marriad 2 ② Married 3 □ Widowed 4 □ Divorced	Armed Force 1 ☐ Yes 2  If Yes, Give	12. Was Decedent Ever In U,S. Armed Forces? 1 □ Yes 2℃ No If Yes, Give Year or Dates:		Was Decedent of Hispanic Origin? (Specify Yas or if Yes, specify Cuban, Maxican, Puerto Rican, etc.)     □ Yes    No    Specify:			No- 14. Race - American Indian, Black, White, etc.  Specify: White			
72 h	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of w						vorking	16b. KInd of Business/Industry			
d within glene or than	mpl	Elementary/Secondary (0-12) College (1-4or 5+)  12  College (1-4or 5+) Engineer				red)						
Hygie ther the the	8	12 17. Fathar's Name (First, Middle, Las		Engineer		18. Mother's Name (First, Middle		Sales Maiden Sumame)				
d be d be series	To Be						Kobodzieski					
Maryland 2 should be file In and Mental Hy 7 is marked othe traumatic event									ural Route Number, City or Town, State, Zip Code)			
Sc. 10 CH ha		Adeline Plavetzk	y/Wife					Drive, La				
other other		20a. Method of Disposition		20b. Place	of Dispos	ition (Name of atory or other p		Date	20c. Location			
nit. Page autment o ortant: If injury or		The Table 1	⊔Hemoval from Sta ify)	Balti	more	Washir	gton Cr.	8/25	Laurel	L, Ma	ryland	
pariumore, permit. Pages 1 a bepartment of Healmportant; if item any injury or other ance.	J	22. Name and Address of Facility Fleck Funeral Home, Inc.										
5.00	_	ofic	J.	<u>۔</u>	7	601 Sar	dy Sprin	g Road,	Laurel,	Mary	land 2070	
		23a. Part1. En er the disease, or con shock, or heart feilure. List onl	nplications that caus y one ceuse on eech	sad tha death. Do n line.	not ente	r the mode of d	ying, such as card	liac or respiratory a	rest,		Approximata Interval Between Onset and Death	
/ Physician /Medical		Inn. Fite Court (First										
Examiner		disease or condition resulting in death)  a. (ULON CANCELL)									Sy 8 nonit	
	Examiner		C 4	Due to (or es e			A 201					
The law requires that the death certificete be executed ate hes been signed by the ettending physician and page 2 should be detached for use es the bune-transit		Sequentially list conditions.	b. CACIORS (IRATOR) ARRAS.  Due to (or as a consequence of):									
lan a	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury										
ficete be ex physician as the bunel	dica	that Initiated events resulting In death) Last	C									
ding p	Me		d									
eath cert ettendin for use	Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as e consequence of):  d.  Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to 1											
that the de ed by the detached	yslc	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death			
es that the igned by be detac								1 🗆	1 Yas 2 No 3 Probably 4 Unkno			
uires ld be	d by							24a, Was	an autopsy	24b. Were autopsy findings		
he law requires the hes been signed age 2 should be considered.	Completed								performed? available prior to		vailable prior to ompletion of cause f death?	
The law ate hes page 2	mc.							101	Vac allan			
vital i	Certification: To Be Co	1 Yes 2MNo 1 Yes 2MNo 25. Was case referred to medical 26. Place of Depth (Check only one)									LI TES ZAINO	
											(fv)	
Jing After fune		27. Mannar of Death	28a. Date of Injury 28b. Time of 28c. Injury at 28d						now injury occur		,,	
		2 Accident Investigation M 1 Yes 2 No										
f or Attending effer death. Director: Affer d in by the fune	Ĭ	3 Sulcide 6 Could not determine	not be ined 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28					28f. Location (S City or Tox	8f. Location (Straet and Number or Rural Route Number, City or Town, State)			
ital or rai Dir												
To the Hospital or Attent within 24 hours effer deal To the Funeral Director: completely filled in by the	edical	29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pia  2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred and mannar stated.							e, and due to the ceuse(s) and manner as stated. urred at the time, date and placa, and due to the cause(s)			
roth within comp	Me	29b. Signatura and title of certifiar		29c. Licansa number				29d. Date signed (Month, Day, Yaar)				
- > - 0		Sochelle	MM	~		24	5014	У	fueust :	25/	1997	
2		30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)						/		-	1997 MD. 20701	
		DR. ISAREII	a Mal	TIPE		79 CF	ELRY	INNE.	Loude	2	ma 2000	
Stat	e	31. Date filed (Month, Day, Year)	2 Regi	strar's Signature		i	-4-6-1	7				
Registra		AUG 2 5 1997	guly &	puridon-No	MARIE	2						

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25573 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth POEHIMANA IOLA 4c. County of Death 4e. Fecility Nama (If not institution. giva street end number) 4b. City. Town, or Location of Death 3332 MAIN S-MRS6 Home MAnchester Long View Acroll 5. Social Security Number If Undar 1 Yaar 8. Date of Birth (Month, Day, MAY 2, 6. Sax 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) Months Days Hours 1 ☐ M 2 □ F 212-05 1979 88 Yrs. MD Usual Residence of Dacadent 10b County 10c. City, Town or Locetion 10d. Inside City Limits SYKESVILLE 1 ☐ Yes 2/ No CARROLL 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 5340 WENDY ROAD 21784 U.S.A. 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No if Yas, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritai Status 14. Race - Amarican Indian, Biack, White, etc. 1 ☐ Never Marriad 2 ☐ Marriad 1 ☐ Yes 2 X No Specify: 3 ♥ Widowed 4 Divorced WHITE 15. Dacedant's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) 12th CHIEF TELEPHONE OPERATOR TELEPHONE CO. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) JIM HALE FLORENCE RHODES 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) BETTY ARENZ (DAUGHTER) 5340 WENDY ROAD SYKESVILLE MARYLAND 21784 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20c. Location - City or Town, State 1 Durial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Spacify) LOUDON PARK CEMETERY AUG. 21, 1997 BALTIMORE MARYLAND 21. Signature of Funaral Service Licansee 22. Name and Addrass of Facility WITZKE FUNERAL HOME OF CATONSVILLE, INC. 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death

**Physician** /Medical **Examiner** 

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Certification:

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The law requires that the death certificate be axecuted

P.O. Box 68760.

Division of Vital Records,

or Attending Physician:

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**Physician** 

/Medical

Examiner

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**Funeral** 

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Baltimore, Maryland

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the burial-tran Sequentielly list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disaasa or injury that initiated avents resulting in death) Lest Physician/Medical

Immediata Cause (Finel disease or condition resulting in death)

25. Was cese raferred to medical examinar?

5 Pending

investigation

6 Could not be detarmined

1 Yas 2 No

27. Manner of Death

1 Natural 2 Accident

3 Suicida

29e. Certifier

4 Homlcide

Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceusa given in Pert I.

28a. Dete of Injury (Month, Dey Year)

Due to (or es a consequança of):

23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was en eutopsy performed?

24b. Were eutopsy findings evelleble prior to completion of cause of death?

1 Yas

1 ☐ Yes 2 ☐ No

26. Piece of Death (Check only ona)

Other: Nursing Homa 5 Residence 8 Other (Specify)

28c. Injury at Work? 28d. Describe how injury occurred 1 | Yes 2 | No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of Injury

Certifying Physician: To the bast of my knowladga, dasth occurred at tha time, deta and place, end due to the ceusa(s) and manner as stated.

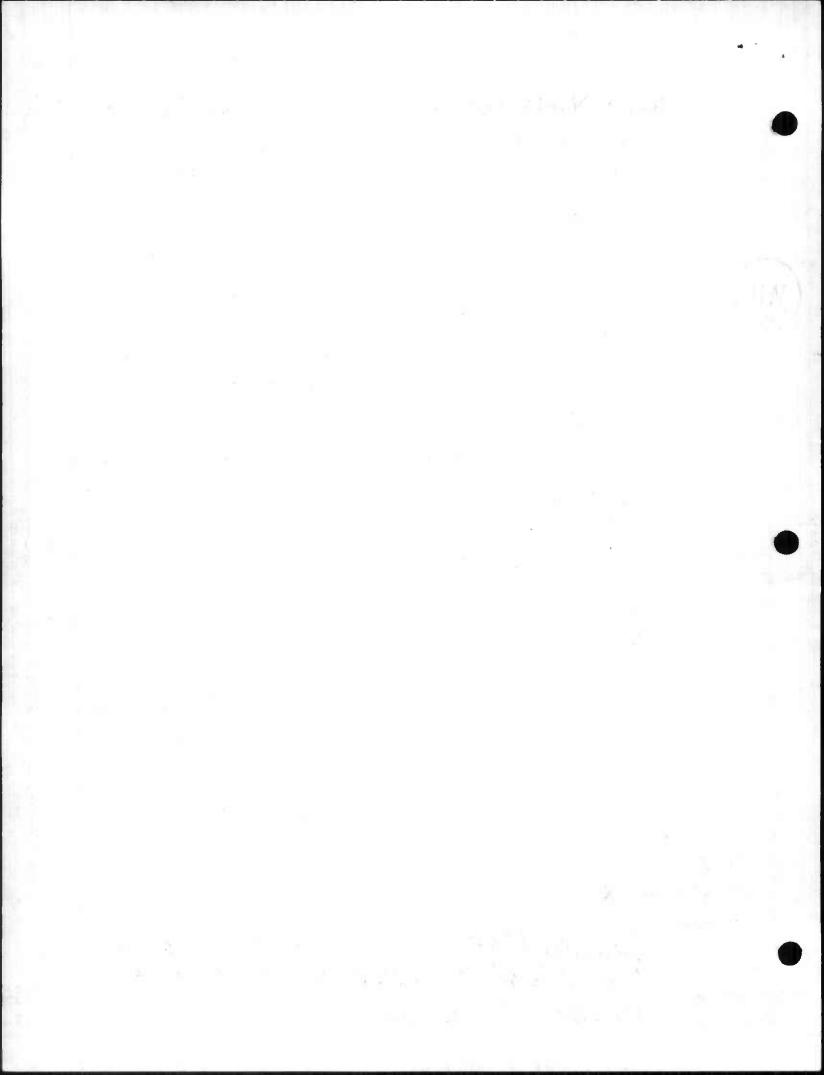
Medical Examiner: On the basts of examination and/or invastigation, in my opinion, daeth occurred at tha time, date and place, and dua to the cause(s) end manner stated. 29b. Signature and title of certif License numbe

30. Name at

State Registra

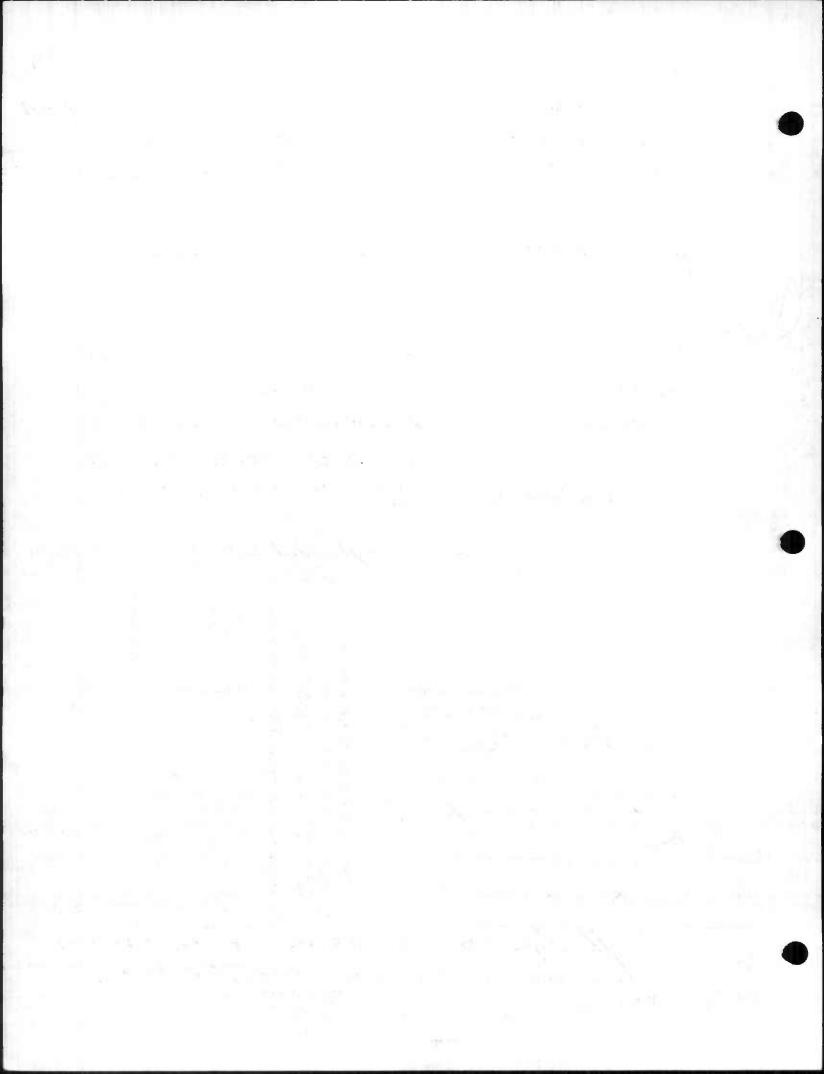
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**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97 25571.

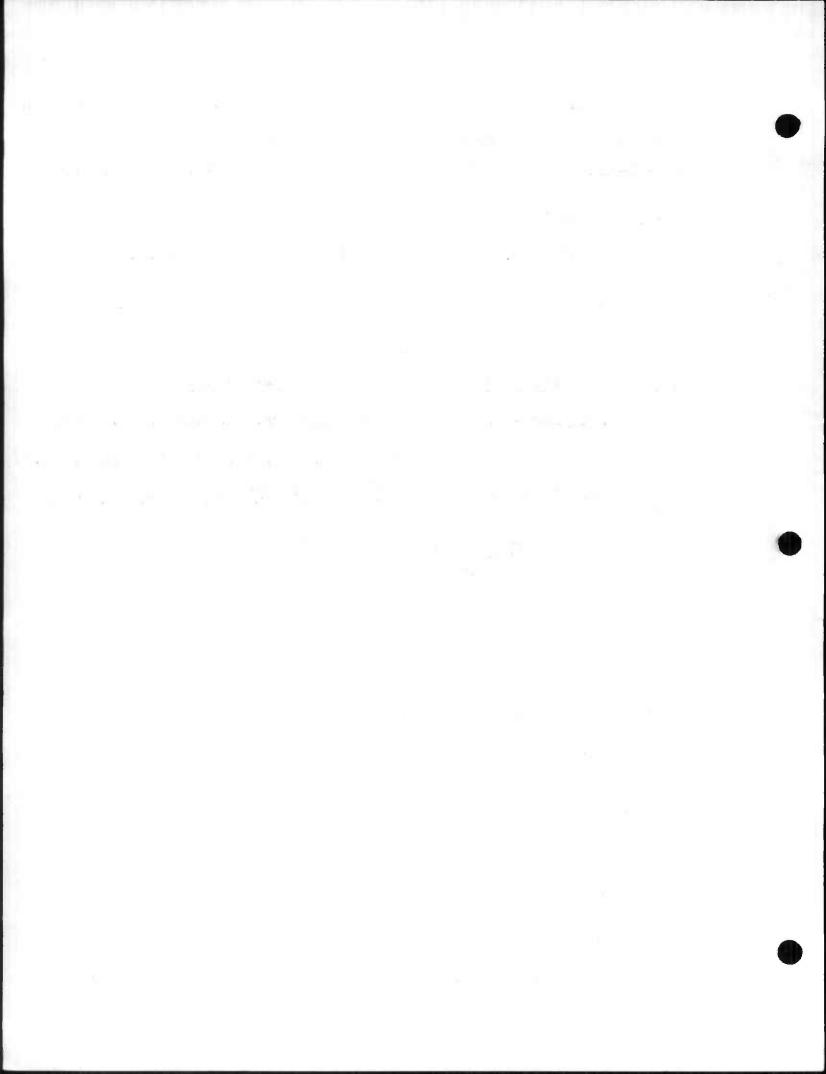
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Provided		4a. Facility Nama (If not institution, g	iva street and number)			4b. City, Town, or				0 0/././		
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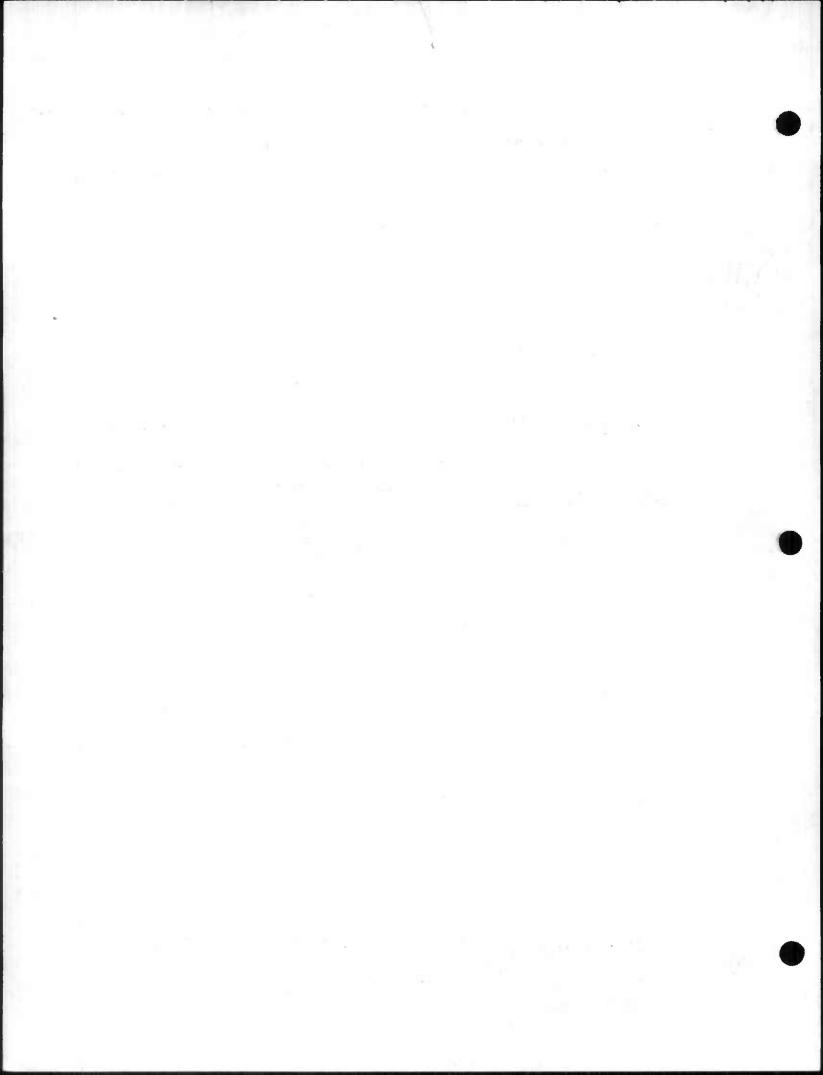
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	District of		1. Decedent's Neme (First, Middle, L.	ast)				2. Dete of De	eth	Vana	3. Time of Deeth	
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	D ***		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Location				1	Od. inside City Limits	
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Division of Vital Records,	Attending Physician: The law requiras that the death cer or death.  sctor: After this cartificata has been signed by the attendir by the funeral director, page 2 should be detached for use	Completed by	Hype	tense	n			24a. Was	en autopsy rmed?	eva	ere eutopsy tindings aileble prior to impletion of cause death?	
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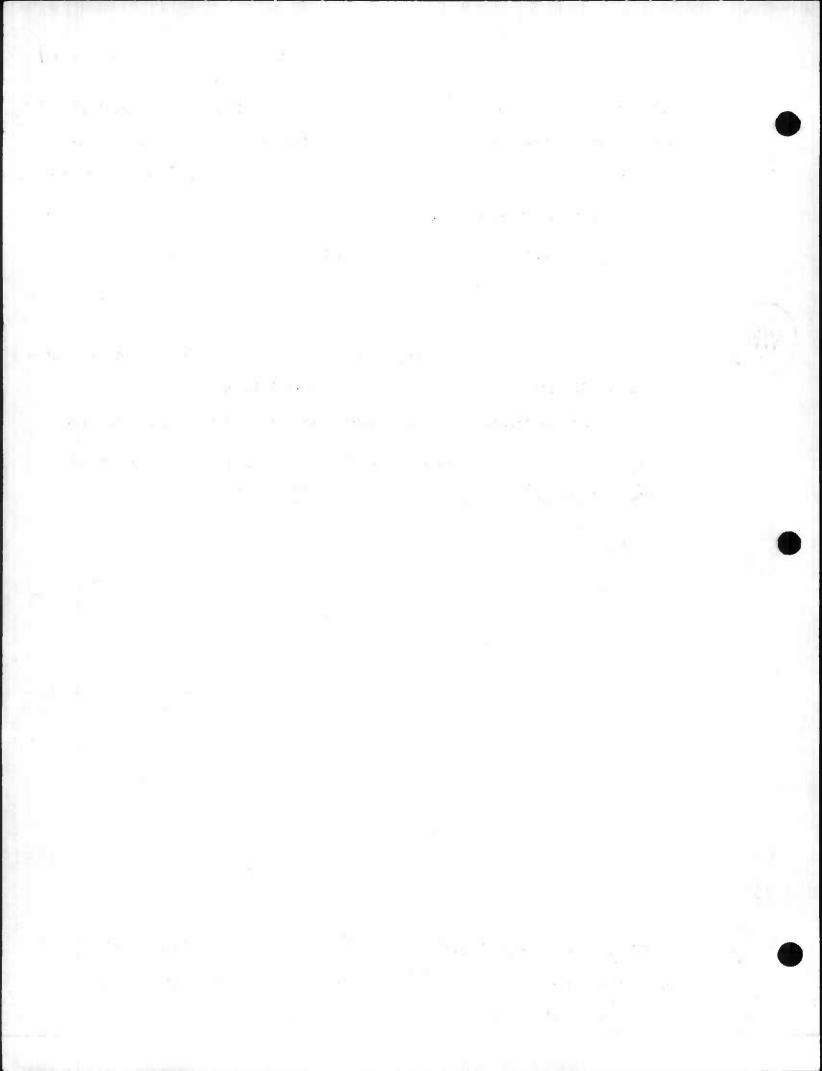
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 25576

				Certificate	e of Death		Reg. No.				
	1. Decedent's Nama (First, Middle, La	nst)				2. Date of De	ath	3. Time of Death			
Physician /Medical	BOISEY	REED	Jr.			AUGUST	at an an annual	aar 27 10:52 P.M.			
Examiner	4e. Facility Nama (If not institution, given	va street and numbar)			4b. City, Town, o	r Location of Deat					
	GREATER BALTIMO	RE MEDICAL	CENTER		TOWSON	1	BALTI	IMORE			
Funeral			In yrs. last birt	hday) If Undar Months	Yaar If Under 24 Ho Days Hours Mi		8. Date of Birth (Month, Day, Year) 9. Birthplace (State or F				
Director	210-02-0000	<sup>1</sup> X <sup>M</sup> <sup>2</sup> □ F 43	`	Yrs.	Day's Trouts IVII	Aug. 13	, 1954 No	orth Carolina			
B .	Usual Rasidanca of Decedent  10a. State 10b. County		404 1-11-00-11-0								
R. Maryle se Maryle set sho offitted at set set set set set set set set set se			Oc. City, Town					10d. Inside City Limits  1√□ Yes 2□ No			
Director	Maryland N/A		ватт	imore	2-4-			Δ.			
				10f. Zip (			10g. Citizen of What Country?				
E/(\$111) 8	521 Rossiter Ave	12. Wes Decedant Eve	er In II S	13 Was Dacade	21212	Specify Vac or No	U.S.	A. American Indian,			
四月 1	1 □ Navar Married 2 Married	Armed Forces?	or ar 0,0.	If Yas, speci	ent of Hispanic Origin? ( fy Cuban, Mexican, Pus	rto Rican, etc.)	Black,	White, atc.			
U 50 0	3 □ Widowed 4 □ Divorced	1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Dates:		1 ☐ Yes 2	No Specify:		Specify:	Black			
Bo15 E	15. Decedent's E	ducation	16a.	Decedent's Usual	Occupation		16b. Kind of Busin	nass/Industry			
D, Bo 1 21215-0 led within 72 ho lygiene. Nor than "natur nt, the Medical.	(Specify only highest gri	ada completed) , College (1-4or 5+)		(Give kind of work lifa. DO NOT use	done during most of war retired)	orking	ding				
I EED D. I land 21. I land a with a land a		4 years		Supervi	sor		Departmen	nt of Public			
Eventhe Be	17. Father's Name (First, Middle, Last	)			18. Mother's N	eme (First, Middle,	Maiden Sumame)	Works			
To E	Boisey Reed, Sr	•			Ida N	lae Eadd	ly				
Maryland 21215-002  ### A should be fleed within 72 hours  ### A should be fleed within 72 hours  #### A should be fleed within 72 hours  #### A should be fleed within 7 hours  ###################################	19a. Informant's Name/Relationship (	Type, Print)	19b.	Meiling Address	Street and Number or F	Rural Route Numb	er, City or Town, St	ate, Zip Code)			
在 型 M As		wife)				altimore,					
O 4 0	20a. Method of Disposition 1 Sur Burial 2 ☐ Cremation 3 ☐		20b. Place of cemetary	Disposition (Name or, crematory or other	e of ha <i>r place)</i>	Date	20c. Location - Ci	y or Town, State			
altim nit. Pa arimen ortant: injury	4 Donation 5 □ Other (Specif		Morela	and Memor	rial Park	8-23-97	Baltimor	e, Maryland			
Baltimore, permit. Pages 1 at Department of Hea important if them any injury or other once.	21. Signature of Funeral Service Licer	nsae		Mitchel	Address of Facility L1-Wiedefel	d Home					
- 402 6 0	Gural fo	enam	_	6500 Yo	ork Road B	altimore	. Marvlan	d 21212			
	23a. Part1. Enter the disease, of com shock, or heart failure. List only	plications that caused the one cause on each line.	e daath. Do n	ot enter tha mode	of dying, such as cardi	ac or respiratory a	rrest,	Approximate Interval Between			
Physician								Onsat and Death			
/Medical Examiner	Immediate Ceuse (Final disaase or condition rasulting in death)	a. Atria	Mas	S							
THE RESIDENCE OF	Tabuting in deathy	Du	e to (or as a c	onsequenca of):							
ovecuted in and ial-transit		b. Anem	_								
y weeu al-tra	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury	Du	a to (or as a c	onsequence of):	1.4						
Vision of Vital Records, P.O. Box 68760, Attending Physician: The law requires that the death certificate be executed ar death. •ctor: After this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use as the burial-transit if I are Completed by Physician/Medical Examin.	Cause. Enter Underlying Causa (Disease or Injury that Initieted events	c. Human			iency Vir	· U S					
6876( fficate be physicia as the bur edical	rasulting in death) Last	Due	e to (or as a co	onsequenca of):	1						
hat the death certifice of by the attending petached for use as Physician/Mey		d									
P.O. Box	Part II. Other significant conditions c	ontributing to death but o	ot reculting in	the underlying ear	upo shop la Dest f	22h Did	labassa was santu	but to the same of death?			
tribe by thy	The state of the s	on the detail great out in	ot resulting in	the underlying car	use given at Pait I.	1 🗆		buts to the causs of death?  □ Probably 4 □ Unknown			
S, F es that es that igned be del be del by P							2000 3	_ Frobably 4 Dollkhown			
cords, P								24b. Were autopsy findings available prior to			
aw re						pend	rmed?	completion of cause of death?			
The law requirements that has been single has been single and page 2 should Completed						10	res 200 No	1 ☐ Yes 2 ☐ No			
Vital I	25. Wes case referred to medical				26. Placa of De	eath (Check only o	73	12700 22110			
of V hysici his centil direc	axaminer? 1 ☐ Yes 200 No	Hospital:	2 ☐ ER/Out	patient 3□ DOA	Other		dance 8 Other	(Specify)			
Division of Vital Records, P.O. Bo. are Attending Physician: The law requires that the death of after death.  Director: After this certificate has been signed by the attence in by the funeral director, page 2 should be detached for us extification: To Be Completed by Physician.	27. Menner of Death	28a. Date of Injury (Month, Day Yo			c. Injury et Work?		now injury occurred				
mdfin eath. re: Aff	1 Natural 5 Pending 2 Accident investigation		111	M	1 Yas 2 No						
IVIS recto	3 Suicide 6 Could not be 4 Homicide determined	28e. Piaca of Injury building, etc. (5	- At home, fan	m, street, factory,	office	28f. Location (S City or Tox	Street and Number	or Rural Route Number,			
Cer le Di						0.07 0.7 10.	m, otala,				
Division ( To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After t completely filled in by the funeral Medical Certification:	Crieck Orly 2  Medical Exam	yefclan: To the best of m	y knowledge, amination and	death occurred at	the time, dete end place	e, and due to the	ceuse(s) and mann	ar as steted.			
To the I To the I Complet	(Check only one)  2  Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to and manner stated.										
of with one	29b. Signeture and title of certifier	Dail K	D		Licensa number		29d. Date signed (Month, Day, Year)				
.02.	I with were	den	11/		7071200		8/20/0	1 +			
12	30. Name end eddress of person who										
	M.G. Meldorf, M.J	D. 6565 N.  32. Registrar's		es Street	Towson, M	aryland	21204				
State Registrar	31. Date filed (Morath Day Year) 199	7 John D	audson-7	Pandett							



State of Maryland / Department of Health and Mental Hygiene 97 2557

						Ce	rtifica	ite of	Death			Reg. No.			
Physicia /Medic		1. Decedent's Name (First, Min	idle, La	rst)	16AL	01					2. Date of Do Month	Dev	Yeer 199	3. Time of Dec	
Examin		4e. Facility Neme (If not institu	-								ocation of Dea		ty of Deeth		
Funeral Director	Ī	Laurel Region 5. Social Security Number 578-84-9289 Usuel Residence of Decedent	6. 5			last birthday, Yrs.	Month	er 1 Year s Days	Lau		8. Date of Bi (Month, D June	rth	9. Birth Cou 7 Was	eorge place (State or Fo ntry) shington	reign
with the Maryland a or 28a-f show be notified at	or	10a. State 10b. Coul		George		ty, Town or Lo	ocation				-	- 10		10d. Inside City LI	
r 28a	rect	10e. Street and Number					10f. Z	ip Code				10g. Citizen of	What Cou	ntry?	
23a o unit be	aD	8607 Montpel	er	Drive			2	20708				USA			
C, or Items	by Funeral Director	11. Maritei Stetus 1 ☑ Never Married 2 ☐ M 3 ☐ Widowed 4 ☐ Divord		12. Was Decedor Armed Force 1  Yes 2 If Yes, Give Yeer or Date	es? ⊠No	J,S. 13.		edent of hecify Cub		gin? (Sp., Puerto	ecify Yes or N Rican, etc.)	o- 14. Ra Bi	aca - Americack, White,		
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d 2 should had Mand Mand The mand traumati		19a. Informant's Name/Relation	nship (	Type, Print)		19b. Maili	ing Addre	ss (Street	and Numbe	r or Aur	al Route Numb	er, City or Town	n, State, Zij	p Code)	
2584		Carmela A. La	indi	ni/Siste	r	860	7 Mor	tpe1	ier D	rive	, Laure	el, Mary	yland	20708	
omit. Pages 1 a bepartment of Hea mportant: If Item my Injury or other 8568.		20e. Method of Disposition  1 ☑ Buriai 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other			ete (	Place of Disponentery, cre Linco	matory of	other pla		8	Date / 28	20c. Location		own, Stete Maryland	
pemit. Pa Departmen Important: any injury 2003.		21. Signature of Funeral Service	to Liope	nsee .			2. Name (	and Addre	ess of Fecility neral	Hom	e, Inc			yland 20	
certificate be nding physicia use as the bur	an/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Lest	{	0.	Due to (d	TROP or as a consecutive as a consecutiv	guence of	n: , ~/5 n:						1 MONT	7/
the atter	Physicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in								nt I. 23b. Did tobacco use contribute to the car					ath?
ras that the designed by the a	by Ph	MENTAL	K	STANDA	Ton						1 □ Yee 2 ☐ No 3 □ Probably 4				nown
Physician: The law requiras that the death this certificate has been signed by the atterrel director, pege 2 should be datached for u	Completed						4				24a. Was perf	an autopsy ormed?	ev co	fere autopsy finding reliable prior to empletion of cause death?	
The is	Sol										10	Yes 25 No	1[	□Yes 20 No	
ysician: The	Be	25. Was case referred to medie examiner?	al	Hospital:				100		of Death	h (Check only	one)			
	ation: To	1 Yes 2 No  27. Manner of Death 1 Natural 5 Pend 2 Accident Invest	fing stigation	28a. Date of I (Month,		28b. Time o Injury		28c. Injur Wor	4 LI NUI			idence 8 Dot how injury occu		fy)	
To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completaly filled in by the fune	Certification:	3 ☐ Suicide 6 ☐ Coul 4 ☐ Homicide dete	d not be	286. Place of	Injury - At he etc. (Specif	ome, farm, str	reet, facto	ry, office			28f. Location ( City or To	(Street and Num wn, State)	ber or Rura	al Route Number,	
ne Hospi n 24 hou ne Funer pletaly fil	edicai	29a. Certifier 1 Certify (Check only one) 1 Medica	ing Ph	ysician: To the be niner: On the basis and menner	s of examina	wiedge, deatt tion and/or in	occurre vestigatio	d at the tir	ne, date and pinion, deat	d piace, a	and due to the ed at the time,	cause(s) and m date and place	nanner as s , and due to	stated. o the cause(s)	
To the Total	Ĭ	29b. Signature and title of certif	le	ender	ru d	,	2	9c. Licens	e number 7/6			29d. Date sign.  AUG (45)		Day, Year)	>
X		30. Name and address of person	n who	completed cause of	of death (Item	n 23a) (Type,	Printy Kep	11	/ANE	1	AUNEC	14. 2	2070	7	-
State Registra	-	31. Date filed (Month, Day, Yea			strar's Signa	iture	rdell.	1			1		-		

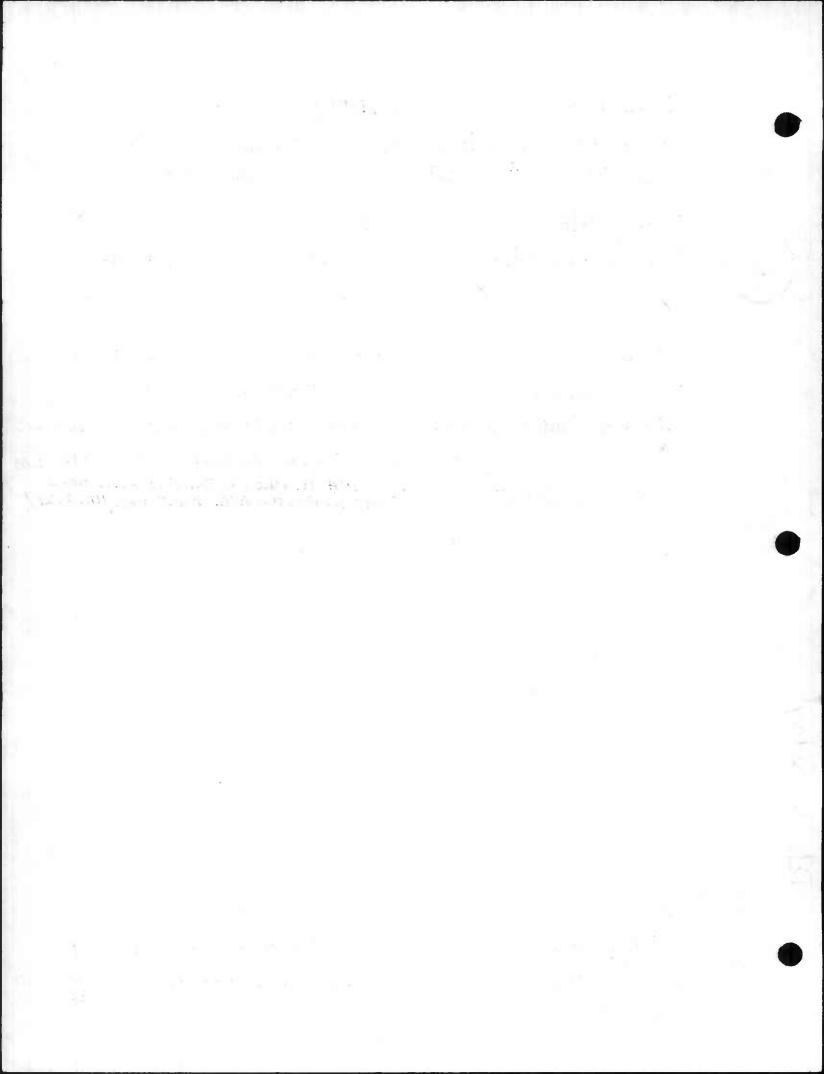


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97

Sociel Security Number  6. Sex  16-36-6792  Isual Residence of Decedent  10b. County  10b. State  10b. Street and Number  3311 Shannor	12. Was Decedent Ever Armed Forces? 1   Yes, Give Yeer or Detes: cation completed)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or State)	in U,S.  16e. D	S. Months  or Location  10f. Zip C  13. Was Decede If Yes, specific 1 Yes 20  eccedent's Usuel Sine kind of work If DO NOT use  Aailing Address (A A A A A A A A A A A A A A A A A A	Year If Under 2 Deys Hours  Code  2/2/3  Int of Hispenic Origi y Cuban, Mexican, XNo Specify:  Occupetion done during most or retired)  18. Mother  Est	Min. June ,  n? (Specify Yes or Puerto Rican, etc.)  of working  s Name (First, Midden or Rurel Route Num  Puerto Rurel Route Rurel Route Num  Puerto Rurel Route Rurel	Dey  2 / eth 4c. County  4c. County  No. 14. Rac  Specify  16b. Kind of B  Ounty  16b. Kind of B	Yeer	Inside City Limits 11 Yes 2 No 7 Indien, K try Me  Janel 21 20 State
Sociel Security Number  Sociel Security Number  Sociel Security Number  6. Sex  Sevel Residence of Decedent  Oe. State  10b. County  A  Oe. Street end Number  331  Never Merried  15. Decedent's Educ  (Specify only highest grade  Elementary/Secondery (0-12)  RACE  7. Fether's Neme (First, Middle, Last)  9a. Informent's Name/Reletionship (Typ.  De. Method of Disposition  1. Buriel 2 Cremetion 3 Re  4 Donetion 5 Other (Specify)  1. Signeture of Funeral Servica Licanse	12. Was Decedent Ever Armed Forces? 1   Yes, Give Yeer or Detes: cation completed)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or State)	in U,S.  19b. N  19b. Place of D	If Under 1 Months  or Location  10f. Zip C  13. Was Decede If Yes, specit 1 Yes 2  eccedent's Usual Sive kind of work fie. DO NOT use  Dome	Year If Under 2 Deys Hours  Code  2/2/3  Int of Hispenic Origi y Cuban, Mexican, XNo Specify:  Occupetion done during most or retired)  18. Mother  Est	n, or Location of De A Hrs. 8. Dete of Min. Bune 9  10 (Specify Yes or Puerto Rican, etc.)  11 of working  12 Name (First, Midd.  13 Per Auto Num  14 Hrs. 8. Dete of Puerto Rican, etc.)	10g. Citizen of U.  No-  16b. Kind of B  Specification of Company	9. Birthplece Country  10d.  Whet Country?  A.  10d.  Whet Country?  S.A.  10d.  Whet Country?  10d.	Inside City Limits  1 Yes 2 No  Indien,  Kry  Mede)
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Justice   10b. County   10b. C	DRIVE  12. Was Decedent Ever Armed Forces? 1   Yes   Ziv No If Yes, Give Yeer or Detes:  cation completed)  College (1-4or 5+)  De, Print)  Pely Chug emovel from State	in U,S.  19b. N  19b. Place of D	Months  or Location  10f. Zip C  13. Was Decede If Yes, specit  1 Yes 20  eccedent's Usual Sive kind of work fe. DO NOT use  Aailing Address (:  A E L  isposition (Name cremetory or oth	Deys Hours  Code  2/2/3  It of Hispenic Originally Cuban, Mexican,  No Specify:  Occupation done during most or retired)  18. Mother  Estimates  Street and Number  Farples  Jack	Min. June ,  n? (Specify Yes or Puerto Rican, etc.)  of working  s Name (First, Midden or Rurel Route Num  Puerto Rurel Route Rurel Route Num  Puerto Rurel Route Rurel	10g. Citizen of U.  No- 14. Rac Ble Specify  16b. Kind of B  OU Service of Color of	Stete, Zip Coo	Inside City Limits  1 Ves 2 No  7  Indien,  try  Mede)  yland 2120  State
Oe. Street end Number  3311 Shannor  1. Maritel Status  1 Never Merried 2 Married  3 Widowed Divorced  15. Decedent's Educ (Specify only highest grade  Elementary/Secondery (0-12)  A Buriel Cremetion 3 R.  1 Dowler of Disposition  1 Buriel 2 Cremetion 3 R.  1 Dowler of Significant Servica Licanse	DRIVE  12. Was Decedent Ever Armed Forces? 1   Yes 2 No If Yes, Give Yeer or Detes:  Cation College (1-4or 5+)  De, Print)  Per Chug emovel from State	in U,S.  16e. Dr. (Gillian) 19b. N	10f. Zip Co.  13. Was Decede If Yes, specific yes, yes, specific yes, yes, yes, yes, yes, yes, yes, yes,	ode  2/2/3 Int of Hispenic Original Youban, Mexican, You Specify:  Occupetion done during most or retired)  18. Mother  Est  Street end Number  of er place)  J. Park	of working  s Name (First, Midde  e     e      or Rurel Route Num  e   Aveau	16b. Kind of B  16b. Kind of B  OW  Ile, Meiden Sumen  OUN PR  Aber, Chy or Town, 20c. Location	Whet Country?  S. A.  De - American I  ck, White, etc.  W. Black  usiness/Indust  hoy  Stete, Zip Coo  City or Town.	Indien,  Ind
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(Specify only highest grade Elementary/Secondery (0-12)  PROCE  7. Fether's Neme (First, Middle, Last)  9a. Informent's Name/Reletionship (Typ.  De. Method of Disposition  1. Burriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)  1. Signeture of Funeral Servica Licanse	College (1-4or 5+)  College (1-4or 5+)  De, Print)  Pey Chug M  emovel from State	19b. N ka Ha	Aailing Address (:  According to More	done during most of retired)  18. Mother  Est  Street end Number  Fayet  of er place)  Lask	s Name (First, Midd elle or Rurel Route Num e Ave Au	Owner Meiden Surren	State, Zip Cox OPE Mar. City or Town.	me yland 21:20.
9. Method of Disposition  1. Signeture of Funeral Servica Licans	n.5 pe, Print) ney (daugh) emovel from State	19b. N (A) 42°	Address (A E. L isposition (Neme cremetory or other nemetary)	18. Mother Est Street end Number of ayeth of piece)	s Name (First, Midd elle or Rurel Route Num e Ave Au	OYNER noor, Chy or Town, 2 Butin 20c. Location	State, Zip Coo	Meyland
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Stace Sid	ney daugh	ER) 42.	4 E.L. isposition (Name cremetory or othe  moria	afayett	e Aveaus 8-25-9	Butin 20c. Location	ore Mae	Meyland
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Donetion 5 Other (Specify)      Signeture of Funeral Servica Licanse		ing n	Demoria	1 Park	8-25-9	Randal	Istown	Meulan
1. Signeture of Funeral Servica Licanse	22	ing i	22. Name end	1 1451	0 00-1	Mangai	ISTOWN,	Legian
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3a. Pert1. Enter the diseese, or complic	1 11-11-11	(00)	JOSET	N. EUT	ON AVE.	BAITIH	KAL MI	1.21217
snock, or neert feilure. List only on	cations that caused the cause on each in	deeth. Do not	enter the mode	of dying, such es ca	ardiec or respiretor	errest,	Api	proximete ervel Between
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nmediete Ceuse (Finel iseese or condition esulting In deeth) e.				Acido.	212		2	DAYS
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d.	MULT	IPLE	DE CEIP	BITI			4	EARS.
ert II. Other significant conditions cont	tributing to death but not	resulting In th	e underlying cau	se given in Pert I.	23b. DI	d tobacco use co	ntribute to the	cause of death?
						V		ly 4 Unknown
					-		Data Maria	
ATRIME FIBRI	CLATION				pe	formed?	compie	etion of cause
SLEEP APNE	A .				10	Ivas akina		th? es 2□ No
. Wes case referred to medical				26. Piece o		1	ILI Ye	IS 2LINO
exeminer? 1 ☐ Yes 2 No Ho	ospitel: Inpetient	2 ER/Outpe	otient 3 DOA	Other			er (Specify)	La in
. Menner of Deeth 1 Neturel 5 ☐ Pending			e of 28c			e how injury occur	ed	
3 ☐ Suicide 6 ☐ Could not be	29a Place of Injune A	t home form				(Chroat and Mumb	os es Busel De	do Abres bare
4 ☐ Homicide determined	building, etc. (Spe	ecity)	, street, tactory, c	опісе	City or 7	own, Stete)	er or Hurai Ho	ute Number,
Pa. Certifier (Check only one) Certifying Phyal	clan: To the best of my ler: On the basis of examend menner steted.	knowledge, de Inetion end/or	eeth occurred et r Investigetion, in	the time, dete end my opinion, deeth	place, and due to the control occurred at the time	e cause(s) end me a, date and place,	nner es steted and due to the	j. cause(s)
b. Signeture and title of cartifier								
NKuze mo.	MHS		A.	T 24389	946	AUGUS-	T 21.	1997
. Neme and address of person who com	npleted cause of deeth (i	item 23a) (Typ						
9	equentially list conditions, erry, leeding to immediate use. Enter Underlying suse (Disease or Injury et initiated events sulting in death) Lest  out II. Other significant conditions conditions conditions with the conditions conditions and the conditions condition	equentially list conditions, erry, leeding to immediate ause. Enter Underlying euse (Disease or Injury et initiated events is suiting in deeth) Lest  ON ULT  ATRIAC FIBRICLATION  SCEP APNE A.  Wes case referred to medical exeminer?  Wes case referred to medical exeminer?  Wenter of Deeth  Menner of Deeth  Menne	Due to (or es e cor SEPTIC SHO  Bequentially list conditions, env, leeding to immediate ause. (Disease or Injury et initiated events soutting in deeth) Lest  Due to (or es e cor SACRAL DE Due to (or es e con MULTIPLE  Due to (or es e con MULTIPLE	Due to (or es e consequenca of):  SEPTIC SHOCK  Due to (or es e consequenca of):  SEPTIC SHOCK  Due to (or es e consequenca of):  SACRAL BE CLIBIT  Due to (or es e consequence of):  SACRAL BE CLIBIT  Due to (or es e consequence of):  MULTIPLE DE CLIBIT  Due to (or	Due to (or es e consequenca of):  SEPTIC SHOCK  Due to (or es e consequence of):  SACRAL BE CLIBITI, FUNCA  c. SACRAL BE CLIBITI, FUNCA  c. MULTIPLE DE CLIBITI  Due to (or es e consequence of):  MULTIPLE DE CLIBITI  ATRIAC FIBRILLATION  SLEEP APNEA  Wes case referred to medical examiner?  ATRIAC FIBRILLATION  SLEEP APNEA  Wes case referred to medical examiner?  ACCEPTION  Menner of Desth  1 News case referred to medical investigation investigation investigation investigation of determined  A Certifier (Check only 2   Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth end medical examiner and title of cartifier  PACE OF THE SERVICE AND	Due to (or es e consequence of):  SEPTIC SHOCK  Due to (or es e consequence of):  SEPTIC SHOCK  Due to (or es e consequence of):  SACRAL DECLIBITI, FUNCIATING M  ort II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  ATRIAC FIBRICLATION  246. We per significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  SEEP APNEA  1. Wes case referred to medical examiner?  1. Wes case referred to medical examiner?  1. Wes case referred to medical examiner?  28c. Dete of Injury  Month, Dey Year)  28c. Dete of Injury  A Certifier (Check only and investigation of City or 7 and investigation)  28c. Pleca of Injury - At home, ferm, street, factory, office  28c. Pleca end place, end due to the first of the basis of examination end/or investigation, in my opinion, deeth occurred at the time and menner steted.  Due to (or es e consequence of):  SACRAL DECLIBITI, FUNCIATING M  1. FUNCIATING M  29b. Direct Port II.  29b. Direct Port II.  29c. License number  AT 2438946	Due to (or es e consequenca of): SEPTIC SHOCK  Due to (or es e consequenca of): SEPTIC SHOCK  Due to (or es e consequenca of): SACRAL DE CLIBITI, FUNCIATING MASS DTM  Due to (or es e consequence of): SACRAL DE CLIBITI, FUNCIATING MASS DTM  Due to (or es e consequence of): MULTIPLE DE CLIBITI  Due to (or es e consequence of): MULTIPLE DE CLIBITI  Due to (or es e consequence of): MULTIPLE DE CLIBITI  Due to (or es e consequence of): MULTIPLE DE CLIBITI  1   Yes 2   No  23b. Did tobacco use consequence of): 1   Yes 2   No  24e. Wes en eutopsy performed?  SEEP APNE A.  1   Yes 2   No  25c. Plece of Deeth (Check only one)  Nemper of Deeth Investigation investigation investigation investigation investigation investigation investigation investigation of Court of the basis of examiner; end of member 25c. Plece of Injury At home, ferm, street, factory, office  26c. Plece of Deeth (Check only one)  27c. Injury et Work? 1   Yes 2   No  28c. Injury et Work? 1   Yes 2   No  28c. Plece of Injury - At home, ferm, street, factory, office  28c. Injury et Work? 1   Yes 2   No  28c. Plece of Injury - At home, ferm, street, factory, office  28c. Injury et Work? 1   Yes 2   No  28c. Plece of Injury - At home, ferm, street, factory, office  28c. Location (Street and Numb City or Town, State)  Contributed and place, independent of the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, ind member steed.  D. Signature and title of cartifier  AT 24 38 94 6  AUGUST	Due to (or es e consequence of):  SEPTIC SHOCK  Due to (or es e consequence of):  SEPTIC SHOCK  Due to (or es e consequence of):  SACRAL BECLIBITI, FUNUATING MASS D TMIGH, 3  and LICHAR significant conditions, ontributing to death but not resulting in the underlying cause given in Pert I.  MORPOLD ODESITY  A TRIAL FIBRICLATION  24e. Was an eutopsy performed?  Performed?  SEEP APNEA.  Was case referred to medical examiner on the basis of a building, etc. (Specify)  Memper of Deeth Could not be determined  25e. Plece of Deeth (Check only one)  26e. Liceation (Street and Number or Rural Rocker)  26e. Liceation (Street and Number or Rural Rocker)  27e. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.  27e. Licease number  28e. Disposition, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.  28e. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.  28e. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.  28e. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.  28e. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner as stated.  28e. Licease number  28e. Licease number  28e. Licease number  28e. Determined  28e. Licease number  28e. Licease number  28e. Licease number  28e. Licease number  28e. Determined  28e. Determ

Registrar

AUG 2 5 1997 June Paridson-Randell



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIMECTOR: After 1 hours after death

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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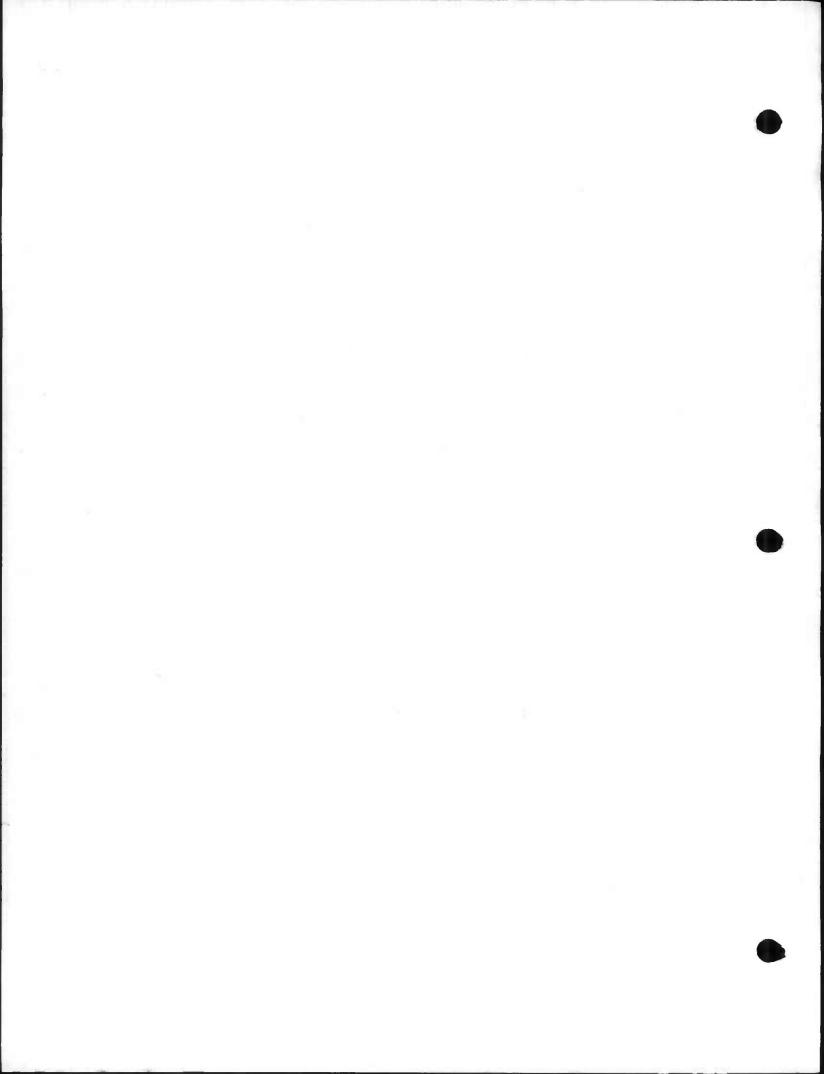
97 25579 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH (JRACE SEITZ AUGUST 997 20 A 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last hirthday 7. DATE OF BIRTH (Month, Day, Year)
May 14, IF UNDER 1 YEAR IE LINDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 ☐ M 2)(X)F DAYS HOURS Maryland 214-22-8603 88 1909 Se, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATN DIRECTOR The Baptist Home of Maryland Owings Mills Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Owings Mills Maryland Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 21117 10729 Park Heights Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Bleck, White, atc. Il yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Hostess/Receptionist Funeral Business 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Frank W. F Helen H. Hanes Seitz notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 915 Marksworth Road, Baltimore, Md. 21228 Helen Buck (Sister) pe 20a. METNOO OF DISPOSITION
XX Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Druid Ridge Cemetery 8/26 Baltimore, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. Alan Seitz, Jr. Funeral Home War Teel 3818 Roland Avenue, Baltimore, Md 21211 medical 23. PART I. Enter the diseases, or complications that caded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sach lins. Approximata IMMEDIATE CAUSE (Final Onset and Death the disease or condition atheroselecutic cardiovascular disa se resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 PART II. Other significant conditions contributing to death but not reaulting in the underlying cause givan in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any , osteapotosis COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO P 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) item OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA rsing Home 5 - Re 6 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, INJURY 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, lactory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is COMPLETED 6 Could not be 4 🗌 Homicide Hem ; 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE MISERAL DE RESERVATION OF THE PROPERTY. If It 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

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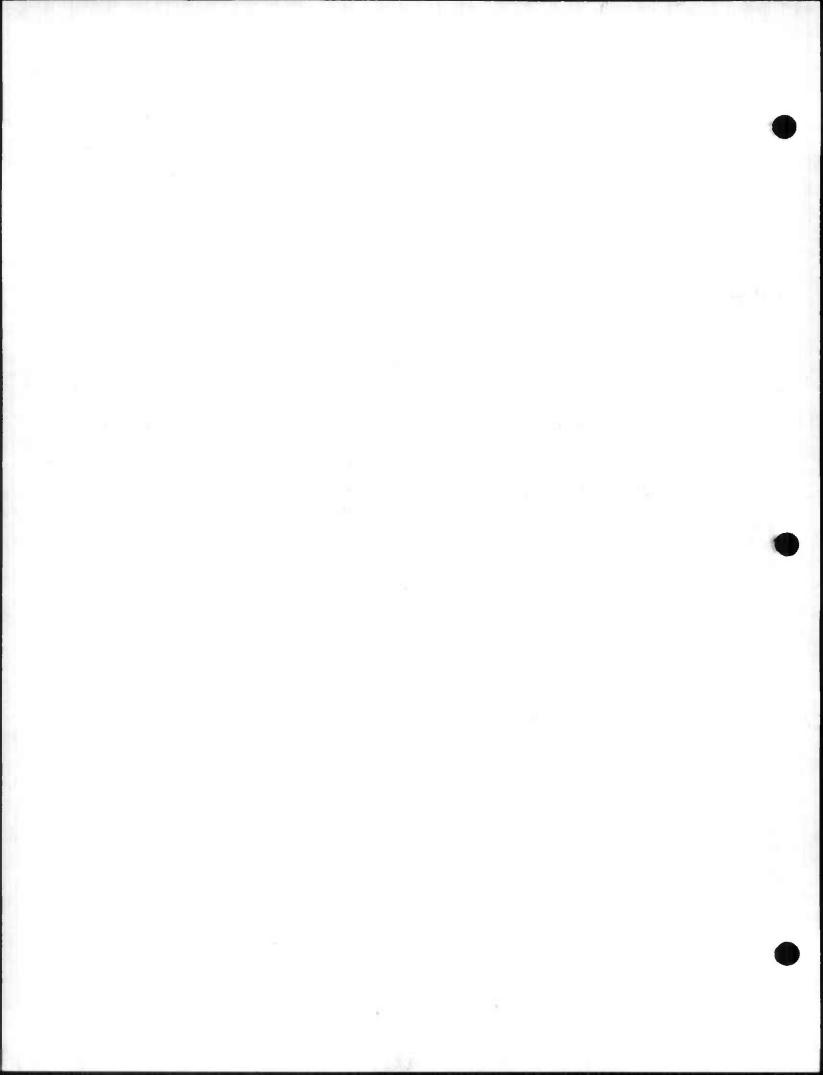
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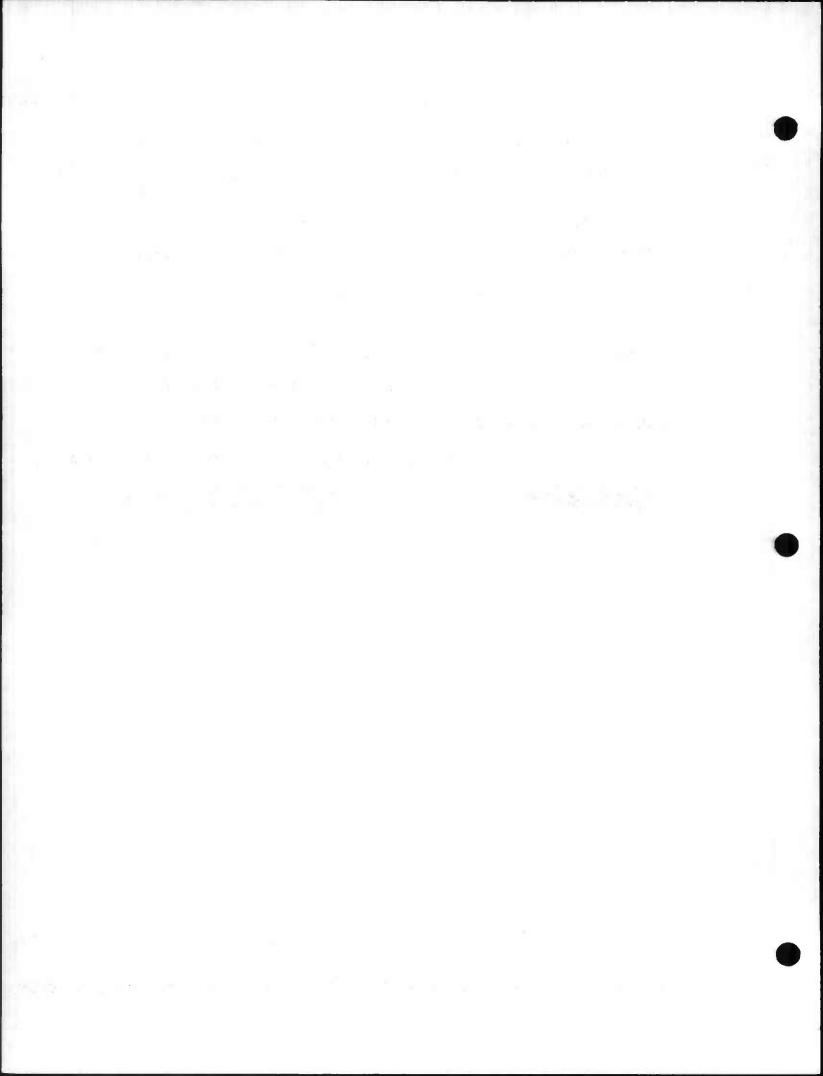
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_	ST. JOSEPHS HOS  5. Sociel Security Number 6.		ge (In yrs. lest birtl	hday) If Unc	ler 1 Year	Towson If Under 24 Hrs.	8. Date of Bi (Month, De	Baltin	ore Cot		
	219-22-6188 Usuel Residence of Decedent	1∏ M 2□ F		rs. Month	s Deys	Hours Min.		2, 1927		(Stete or Foreign	
	10a. State 10b. County		10c. City, Town	or Location					10d. ii	nside City Limit	
to	Maryland		Balt	timore					1	Yes 2□N	
Director	10e. Street end Number			10f. 2	ip Code			10g. Citizen of N	Whet Country?	/het Country?	
	5209 St. Albans	Way			212	12		US	2.4		
Funeral	11. Maritei Status	12. Was Decedent	Ever In U,S.	13. Was Dec		ispenic Origin? (S n, Mexican, Puert	pecify Yes or No		e - American in	ndien,	
by Fu	1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces'  1 X Yes 2 If Yes, Give Year or Detes:			2 No	Specify:	o Hicen, etc.)	Bleck, White, etc.  Specify: White			
3	15. Decedent's	Educetion	16e. I	Decedent's Us	uel Occup	etion		16b. Kind of B	usiness/îndustn	у	
Completed	(Specify only highest g Elementery/Secondary (0-12)	rade completed) College (1-4or		(Give kind of a life. DO NOT	vork done d use retired	during most of wor	king				
E O	Liononiory/occordary (0-12)	1 vr		Propri	etor			Machine	Compar	137	
Be	17. Fether's Neme (First, Middle, Las	1)		rropri		18. Mother's Nan	ne (First, Middle	, Maiden Sumen		Ly	
15 E	Frank Lester	Sims				Edith	Elizabe	th Ston	ne		
	19e. Informent's Neme/Relationship	(Type, Print)	19b.	Mailing Addre	ss (Street	end Number or Ru				(e)	
	Merry E. Sims (	Wife)	52	00 0+	A11-	ma II	D-1+1		1 - 1 01	010	
	20e. Method of Disposition	MTT6-)	20b. Piece of	Disposition (A	ALDA!	ns Way,	Baltimo:	20c. Location	City or Town,	Stete	
	1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec										
	21. Signature of Funeral Served La		Druid			ery ss of Fecility	8/26/9/	Pikesvi	lle, Ma	aryland	
b v	Martinost	allham		Mitc	he11-1	Wiedefal	d Home				
$\perp$	Martin D. Ha 23a. Penti. Enter the disease, or con shock, or heart feilure. List onl	wson		6500	York	Road. B	altimor	e. Marvl	and 212	212 proximete	
	Immediete Cause (Final		ine.  ARDOPAT				. ,		Ons	rvel Between set end Deeth	
н	diseese or condition resulting in death)	θ	Due to (or es e co		ts.						
ē			UNICADA	32 - 33335	· ·						
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edicai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	C	Due to (or es e co	nsequence of	)·						
121	resulting in deeth) Lest		200 10 (0. 00 0 0		,-						
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Physician/M	Pert II. Other significent conditione		ut not tasniting in	use underlying	ceuse give	ən m <b>rθπ i</b> .		tobacco use co Yes 2□ No		causa of death	
by P	Curovic Dé	RESSION.					10	198 2LI NO	3 Probably	4 DUNKNON	
요							24a. Wes	en autopsy	24b. Were a	utopsy findings	
Completed		200					perfe	ormed?	complet	e prior to tion of cause	
Ĕ									of desth		
	or M.	Ţ.					1 🗆	Yes 2 10	1 □ Yes	2 No	
Be	25. Wes case referred to medical exeminer?	Hospital:			Othe	26. Piece of Dee					
L.	1 ☐ Yes 2 ☐ No  27. Menner of Deeth	1 L Inpati			JUA	4 LI Nursing H		dence 6 Oth			
5	1 ☑Neturel 5 ☐ Pending	28a. Dete of Inju (Month, De	y Year) Inj	jury	28c. Injury Work		Zod. Describe	now injury occur	160		
Certification:	2 Accident Investigation 3 Suicide 6 Could not	10				Yes 2 □ No	006 1	/Ot 1	D 15		
ŧ	4 ☐ Homicide determine	bullding, et	jury - At home, farr c. <i>(Specify)</i>	n, street, facto	огу, опісе		City or To	Street end Numb wn, State)	er or Hurai Hou	ite rumber,	
edical Ce	29a. Certifier 1 Certifying P (Check only one) 2 Medicai Exa	hysician: To the best miner: On the basis o	f examinetion end	deeth occurre or investigetion	d et the tim	e, date end plece binion, deeth occur	end due to the	ceuse(s) end me dete end plece,	enner es steted.	cause(s)	
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	Lawrence	er mo			00039	/	8125	147.			
	30. Neme end address of person who	completed ceuse of c	leeth (item 23e) (T	vpe, Print)		-					

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State of Maryland / Department of Health and Mental Hygiene 97 255

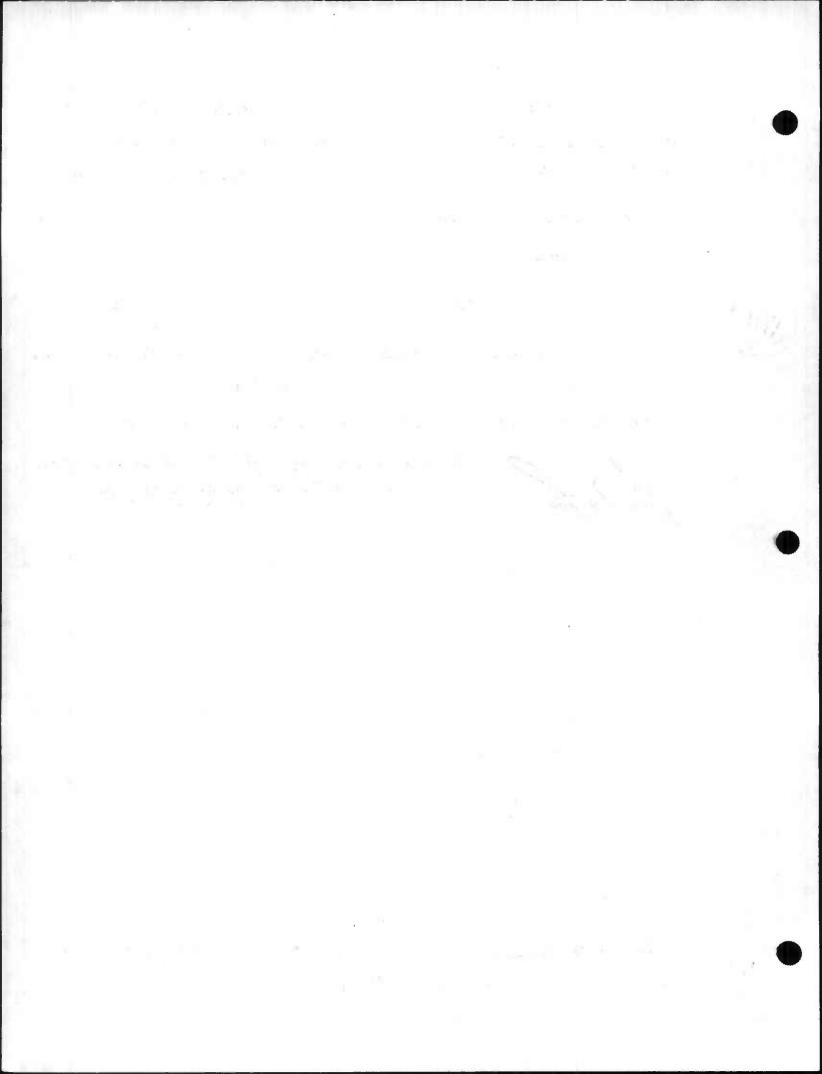
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** 3.50 AM Mary Smoot August /Medical 4e. Fecility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Overlea Mariner Healthcare N/A If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) 0ct. 28,1900 Washington, D.C. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Hours 1□ M 20 F 96 214-14-7513 Yes Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Maryland N/A Baltimore Director ZSn-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3902 Southclare Road 21213 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Maryland 21215-002g White 1 ☐ Yes 2 No Specify: f Yes, Give Yeer or Dates: à 3 Widowed 4 □ Divorcad Completed 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygians. the Me Elementary/Secondery (0-12) College (1-4or 5+) Packer Candy Company 8th grade 18. Mother's Name (First, Middle, Meiden Sumame) 17. Father's Name (First, Middle, Last) Be should be nd Mental Owen Griffin McCubbin marked 0 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nit. Pages 1 and 2 a artment of Health an ortant: If them 27 is n (daughter) 6855 Duluth Avenue, Baltimore, MD 21222 Catherine Barry Baltimore, 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State New Cathedral Cemetery 8/25/97 Baltimore. Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Schimunek Funeral Homes, Inc. 21. Signature of Funeral Servica Licansee 9705 Belair Rd., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset end Death **Physician** /Medical immediate Cause (Final disease or condition rasulting in death) Examiner physician and is the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. P.O. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 58 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peen page 2 hes 1 ☐ Yes 2 D No 1 Yes 2 No certificate Division of Vital Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certification of the funeral director, 25. Was case reterred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 9 1 ☐ Yes 2 No 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Naturel 5 Pending 2 Accident 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 D Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in 16 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical and manner steted. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier a 22 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) SIREESH TRIPURANENI, MD 56708 THE ALAMEDA BALTIMORE MDZIZZA 31. Date filed (Month, Day, Yeer) 32 Begistrar's Signature
whe Day doon-Randelle State AUG 2 5 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene

25582 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** August 20, FREDERICK R. SCOTT 1997 9:45 a.m. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Smith Assisted Living Home Edgewood Harford 5. Social Security Number 6 Sex If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** 1∭ M 2□ F Months Deys Hours 218-12-3968 Yrs. Director Jan. 25, 1924 Maryland Usual Residence of Decedent 10a. State 10h County 10c. City, Town or Location 10d. tnside City Limits Director Maryland Harford 1 ☐ Yes 2 ☒ No Joppa 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 606 Old Joppa Road 23a 21085 U.S.A. 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 ☐ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 X Widowed 4 ☐ Divorced Year or Dates: 1943-46 leted 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Compl Elementary/Secondary (0-12) College (1-4or 5+) Warehouse Manager years Freight Delivery Co. Saltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Pages 1 and 2 should be nent of Health and Mental Harry C. Scott Marie Kram 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) . Department of Health as Important: If item 27 is any injury or other trau Lorraine M. Soter (Niece) Joppa, 606 Old Joppa Road. MD. 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 🖔 Cremation 3 ☐ Removal from State Other (Specify) 4 Donation Green Mount Crematory 8/22/97 Baltimore, Maryland 22. Name and Address of Fecility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, MD. 21014 21, Signeture Funeral Servica Licano or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, list only one cause on each line. 2511. Enter the day Approximete Intervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical 45 years Examiner Physician/Medical Examiner or Attending Physician: The law requires that the death cartificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury use as the burial-trar Division of Vital Records, P.O. Box 68760, thet initiated events resulting in death) Lest Due to (or as a consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Syes 2 No 3 Probably 4 Unknown Š 24b. Were autopsy findings available prior to Completed 24e. Wes en autopsy completion of cause of death? 20 No 1 Yes 1 ☐ Yes No 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28d. Describe how Injury occurred Aftar 5 Pending Investigation in 24 hours after death.
the Funeral Director: Aft 1 Natural 2 Accident 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide Medical Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. To the Hosp within 24 hos To the Fune completely fi (Check only 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 5. 032255 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) CIS WEST MACPHA. David J. John 31. Date filed (Month, Dey, Year)
AUG 2 5 1997 32 Registrar's Signeture State Julia Davidson Registrar



25583 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** DAVIDA Thomson tugust 20 5.00 Am /Medical 4b. City, Town, or Location by Deeth 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Death Examiner Howard Country heneral tal Columbia MOSPI' Howard If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Months Deys 1□M 🙀 F 76 Sept. 27, 1920 Director 351-18-9562 Illinois Usuel Residence of Decedent hours efter death with the Maryland 10e Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits ahow "natural", or items 23s or 28s-f sho adical Examiner must be notified at 1 ☐ Yes 2 ◯No Directo Maryland Anne Arundel Crownsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 300 E. Forest Trail 21032 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Bleck, White, etc. 1 X Yes 2 □ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 21215-0020 1 Yes 2 No White Specify: þ 3 Widowed 4 Divorced Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 2 Elementery/Secondery (0-12) College (1-4or 5+) 12 Office Manager/Secretary Irrigation Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be David Sorrells 2 Alma Ruby Ford 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert F. Thomson/Husband 300 E. Forest Trail, Crownsville, Maryland 21032 Baltimore 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State Dete Pages 1 ☐ Burlel 2 【Cremetion 3 ☐ Removel from Stete b Department Important: I 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Washington Cr. 8/21 Laurel, Maryland 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility Fleck Funeral Home, Inc. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest,

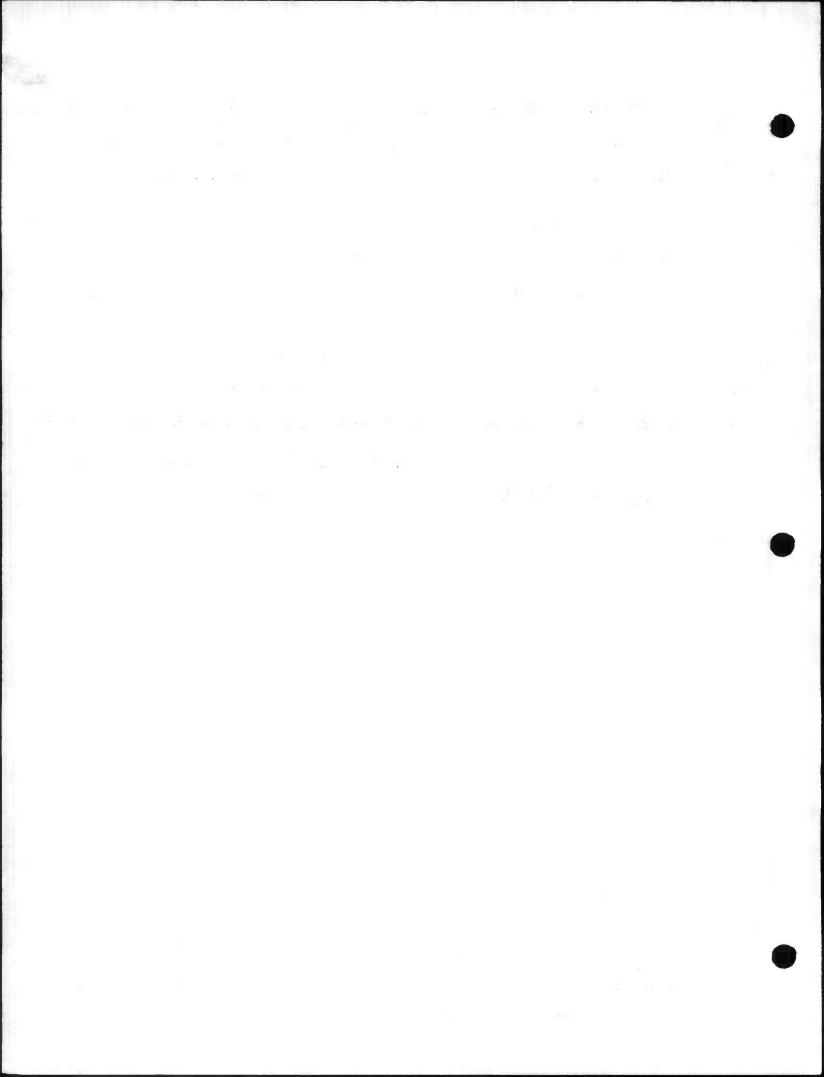
Approximate

Approximate Approximate Interval Betw Onset and D el Between end Deeth Physician /Medical Immediate Cause (Finel disease or condition resulting in deeth) Pneumonia Examiner Due to (or es a consequence of): Examiner troperion physician and the burial-transit requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Metar breast cancer Physician/Medicai Due to (or es e consequenca of) use as jo signed by the a d be detached f Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings svallable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed Deed page 2 has certificata 1 Yes 2 No 1 Yes 2 No Attending Physician: director, Be 25. Wes case referred to medical 26. Plece of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) ည 1 Yes 2 No 1 hpatient 2 ER/Outpatient 3 DOA After this funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Neturel 5 Pending investigetion death. 1 Yes 2 No 2 Accident after death 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) npletaly filled in by 4 Homicide Hospital c To the Hospital within 24 hours a To the Funeral C 29a, Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and pleca, and due to the cause(s) end menner steted. 29c. License number 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year, MD 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) Columbia Patrixent Medical Group Two kno North DR. JACOB CHERIAN 31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture State

Registrar

AUG 2 5 1997

Julia Davidson



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25584 Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Date of Death **Physician** a /Medical 4e Facility Name (If not Institution 4b. City, Town, or Location of Odath Examiner tuenue more If Linder 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs 5 Social Security Number Birthplace (State or Foreign Country) **Funeral** Deys 100M 2 F 75 Yrs. Director Usuei Residence of Decedent 10b. County 10e State 10d. inside City Limits 1 Yes 2 No Director more r 28a-f 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? s 23a or 3 SA Completed by Funeral 11. Marital Stetus Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Black 3 ☐ Widowed 4 ☐ Divorced Specify: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimore, Maryland 2121 College (1-4or 5+) Elementery/Secondary (0-12) Shoreman d 17. Father's Neme (First, Middle, Last Be Pages 1 and 2 should be nent of Hesith and Mental 9b. Meiling Address (Street and Number or Rural Route nt of Health a if I bern 27 is or other trax 100 Placa of Disposition cemetery, cremator 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Neme end 721 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or as e consequença of) Examiner or Attending Physician: The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) P.O. Box 68760, Physician/Medical Due to (or es a consequence of): for use as Part il. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. director, paga 2 should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown Division of Vital Records. Š 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24a. Was en eutopsy performed? certificata 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home Medical Certification: To 1 Syes 2 No 1 🗌 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) this filled in by the funeral 27. Manner of Death 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred After 5 Pending investigation Natural death. 1 Yes 2 No 2 Accident within 24 hours after deat To the Funeral Director: 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the Hospital

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State Registrar 29a, Certifier

29b. Signature end title at padili

AUG 2 5 1997

Benjamin earlman 31. Date filed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) lichael

1 Scrifying Physician: To the best of my knowledge, deeth occurred et the time, date end piaca, end due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piace, end due to the cause(s) and menner stated.

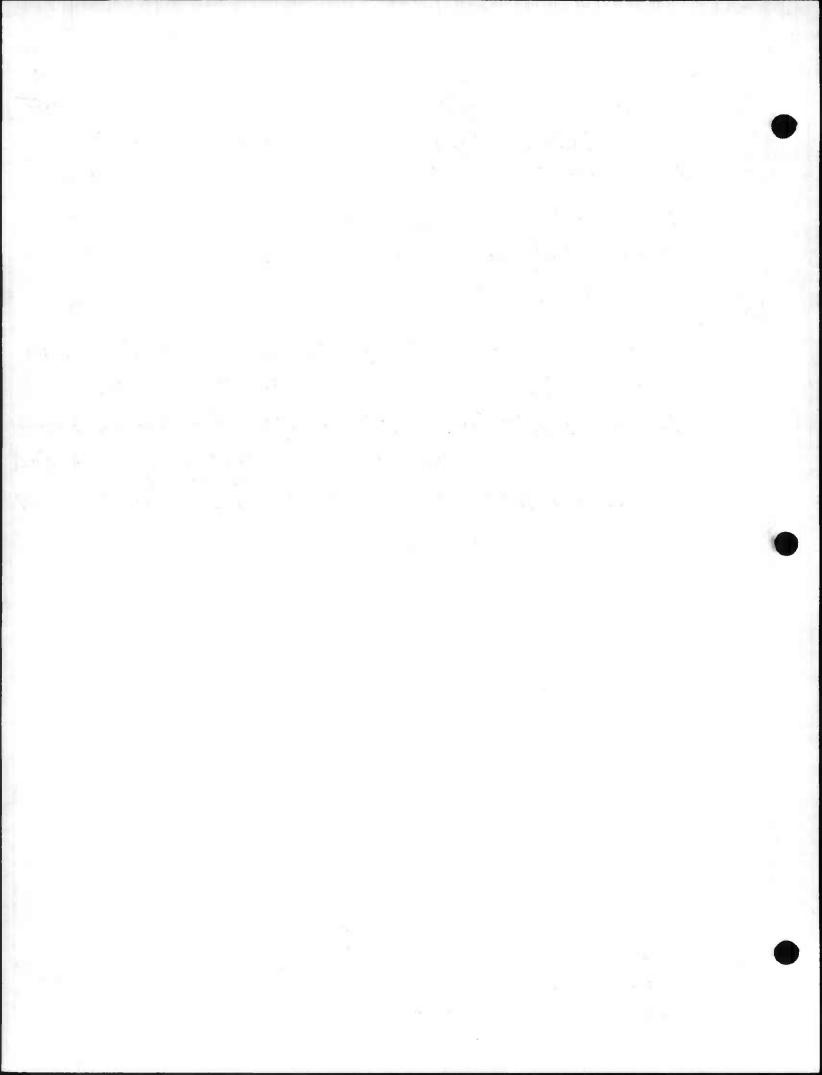
29c. License number

29d. Date signed (Month, Day, Year)

Old Court Rd Randallstaun

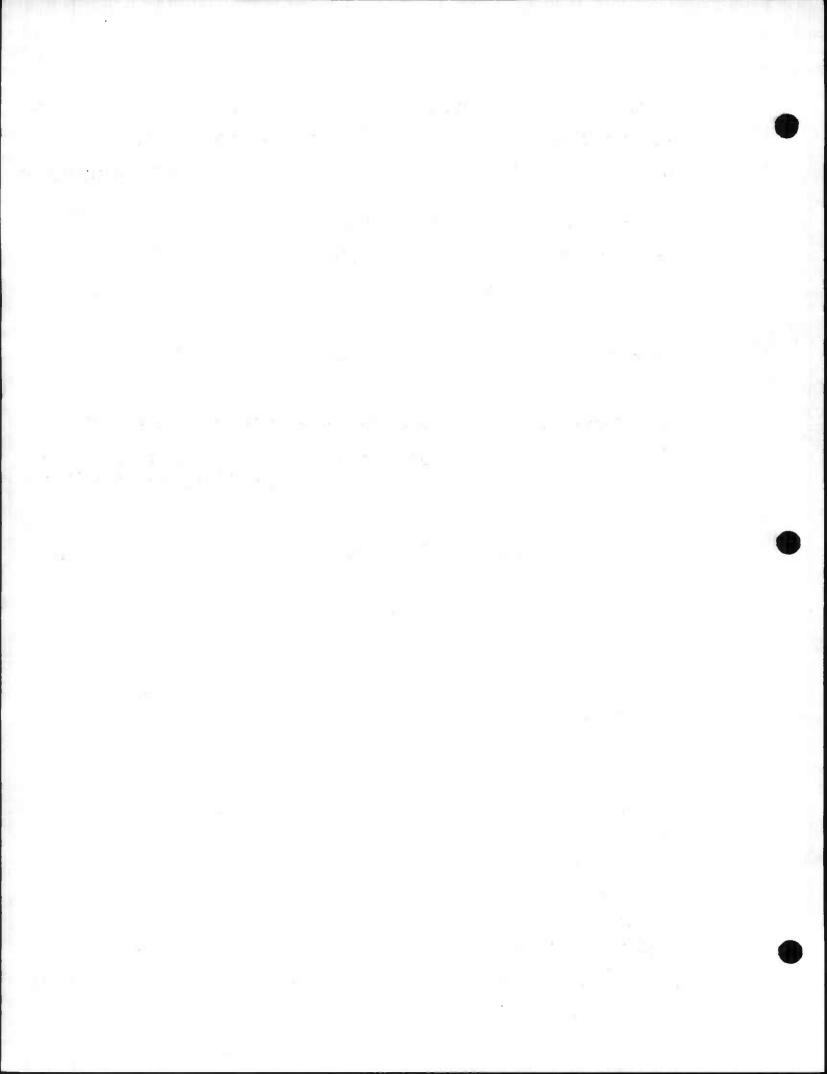
21132

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene 97 25585

						Ce	rtificate of	f Death		R	leg. No.			00
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	or 28	Funeral Director	10e. Street end Number				10f. Zip Code			1	Og. Citizen of V	Vhet Cou	ntry?	
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Mary	and A		19e. Informent's Neme/Relationsh	Ip (Type, Print)		19b. Meil	ing Address (Stree				r, City or Town,	State, Zip	Code)	
	f Health Rem 27 i		Leander Thurman	/Husban	d	904	WICKLOW	ROAD, E	BALT	IMORE, I	MARYLAN	D 21	229	
ore			20e. Method of Disposition  1X Buriel 2 ☐ Cremation	3 Demoved for		Ob. Plece of Disp camatary, cre	osition (Neme of metory or other p	iece)		Dete	20c. Location -	City or To	own, Stete	
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Salt	pemit. Pa Departmer Important any injury 2059.		21. Signeture of Funeral Service I	icensee	0/1	1 2	2. Name end Add	ress of Facility					UNITY	F/H
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	ires thet the death cer signed by the ettendin d be detached for use	Physician	Pert II. Other significant condition	ns contributing t	o death but no	t resulting in the	inderlying cause (	given In Pert I.		23b. Did to	bacco use con	Tribute t	o the cau	se of death?
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of		<b> -</b>	1 Yes 2 No 27. Mannar of Deeth	1	☐ Inpatient ete of Injury	2 ER/Outpatle	nt 3LI DOA	4 Nu		na 5 <b>2</b> Aasid 28d. Describe h			fy)	
on	ding I th. After funer	tlor	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Invastig	) (A	Aonth, Dey Yea	ar) Injury	W	ork? □Yes 2□h			,,			
Division	or Attending efter death. Director: After I in by the fune	fice	3 ☐ Suicide 6 ☐ Could n	ned Zoe. M	aca of Injury -	At home, farm, st	reet, factory, office	е	2	28f. Location (S	treet and Numb	er or Run	el Route N	lum <i>ber</i> ,
Ö	s effe	Certification:	4 Homicide	ы	uilding, etc. (S	pecity)				City or Tow	n, Stete)			
	ospite houn anera ily fille		29a. Certifier 1 CertifyIng	Physician: To	the best of my	knowledge, deel	h occurred et the	time, dete end	d plece, e	end due to the c	euse(s) end me	nner as s	steted.	
	To the Hospital or Attending Ph within 24 hours either death. To the Funeral Director: After thi completely filled in by the funeral	fedical	one)	end m	e basis of exa- nenner stated.	minerion end/or in	vestigetion, in my		m occurre					
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State of Maryland / Department of Health and Mental Hygiene

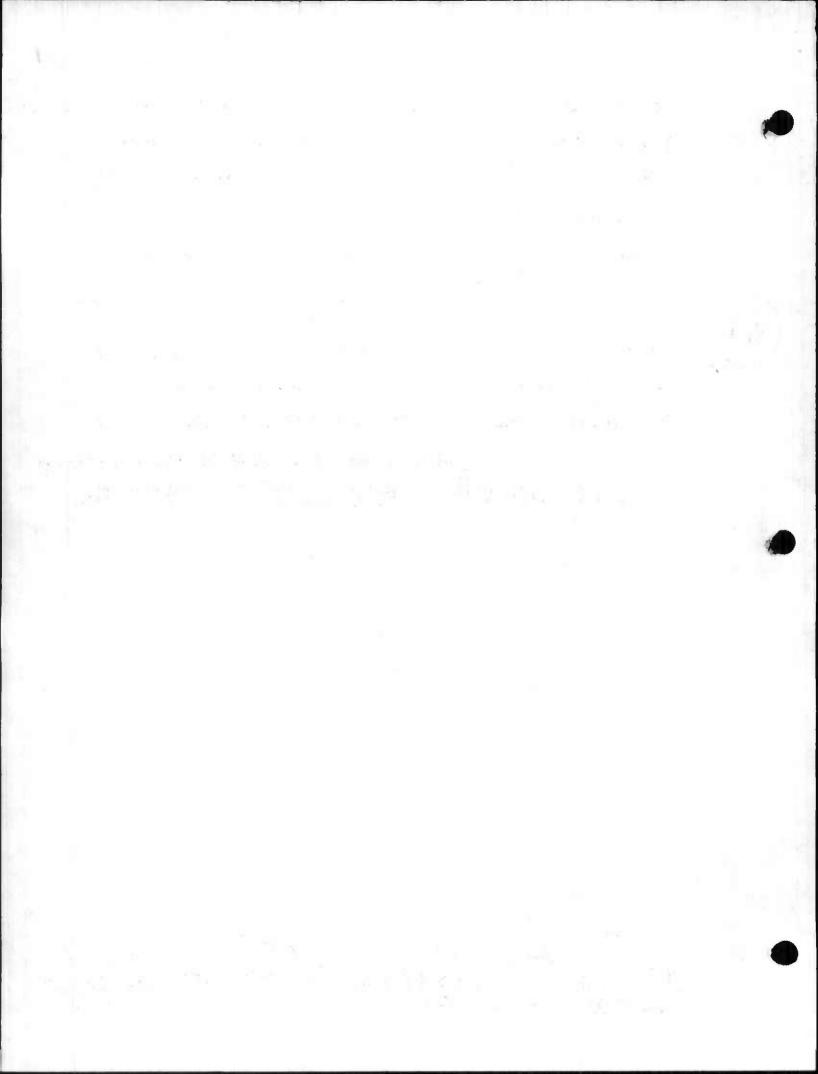
25586 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death **Physician** Betty Rose Williams 4b. City, Town, or Location of Deeth 23 /Medical 4a. Fecliity Neme (If not institution, give street and number) 4c. County of Deeth Examiner Baltimore City Union Memorial Hospital N/A 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 69 Yrs. 216-20-4060 Director Maryland February 13, 1928 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A 1X Yes 2 No Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g Citizen of What Country? 3022 Woodring Avenue 21234 United States 12, Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married l ☐ Yes 2 🕱 No f Yes, Give Year or Dates: 1 ☐ Yes 2 X No Specify: Specify 3 Widowed 4 Divorced White 21215-00 Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8 Homemaker Own Home Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Sumame) 12 should be fi and Mental H is marked off Be Ellsworth Franklin Marshall Hazel Pearl Ellis 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) of Health of Health of Health and Mr. Dolton H. Williams / Husband 3022 Woodring Avenue Baltimore, Md. Pages 1 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 □ Donetion 5 ☑ Other (Specify) Entonbment Loudon Park Cemetery 8/26/97 Baltimore, Maryland 21. Signature of Funeral Service Licensee Mark T. 22. Name end Address of Facility Leonard J. Ruck, Inc. Zavoyna 5305 Harford Road Baltimore, Md. 21214 ons hat ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Physiclan** /Medical Immediate Cause (Final 1 an modan disease or condition resulting in death) Examiner DISTRESS SYNRUME certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Physician/Medical The law requires that the death Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? certificate has Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 1 Impatient 2 ER/Outpatient 3 DOA After this 27. Menner of Death 28b. Time of Certification: 28d. Describe how injury occurred 28c. Injury et Work? Attending 5 Pending investigation death. To the Hospital or Attendition 24 hours after death.
To the Funeral Director: A completely filled in by the forms. 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and manner es stated.

| Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifie 29c. License number E. aniv. Prekan 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State AUG 2 5 199 Registrar



State of Maryland / Department of Health and Mental Hygiene 25587 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of the 1997 Year **Physician** Month Day CHRISTINA August 22, WILLIAMS 3:15 a.m. /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 828 Gilbert Road Aberdeen Harford If Under 1 Yaar | If Undar 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 👿 F Yrs Director 220-07-5121 76 10. Ohio Usual Residence of Decedent 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits must be notified at Director 1 ☐ Yas 2 ☑ No 288-11 Maryland Harkord Aberdeen 10e. Street and Number 10f. Zip Code 10c. Citizen of What Country? ŏ 828 Gilbert Road 21001 U.S.A. Sterns 23a 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, Black White atc 1 ☐ Naver Married 2 ☐ Marriad 1 ☐ Yes 2 X No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry ementery/Secondary (0-12) College (1-4or 5+) 12th grade Salesperson Retail Store 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Baltimore, Maryland Be John Michael Hutchinson Christina A. Koscielski Pages 1 and 2 should 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) .25 Important: If Item 27 any injury or other tr William Jungblut (Nephew) 1416 Sedum Square, Belcamp, MD. 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata ð 1 X Burial 2 Cremation 3 Removat from Stata 4 ☐ Donation 5 ☐ Other (Specify) Highview Memorial Gardens 8/26/97 Fallston, Maryland 22 Name and Address of Facility
Schimunek Funeral Home Of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, MD. 21014 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediate Cause (Final diseasa or condition resulting in death) Examiner Sequantiatly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last Box 68760. 2 156 25 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of ceath? 1 Yes 2 No 3 Probably 4 Unknown Vital Records. ģ 24b. Were autopsy findings available prior to completion of causa of deeth? Completed 24a. Was an autopsy performed? The law 2 No 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes Certification: To To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 100 27. Manner of D 1 @Natural of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 5 Pending investigation 1 Yes 2 No 2 Accident Director 6 Could not ba 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) ŧ 4 Homicide To the Hospital within 24 hours a To the Funeral C 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only onel 29b. Signatura and title of certifier 29c. License number person who

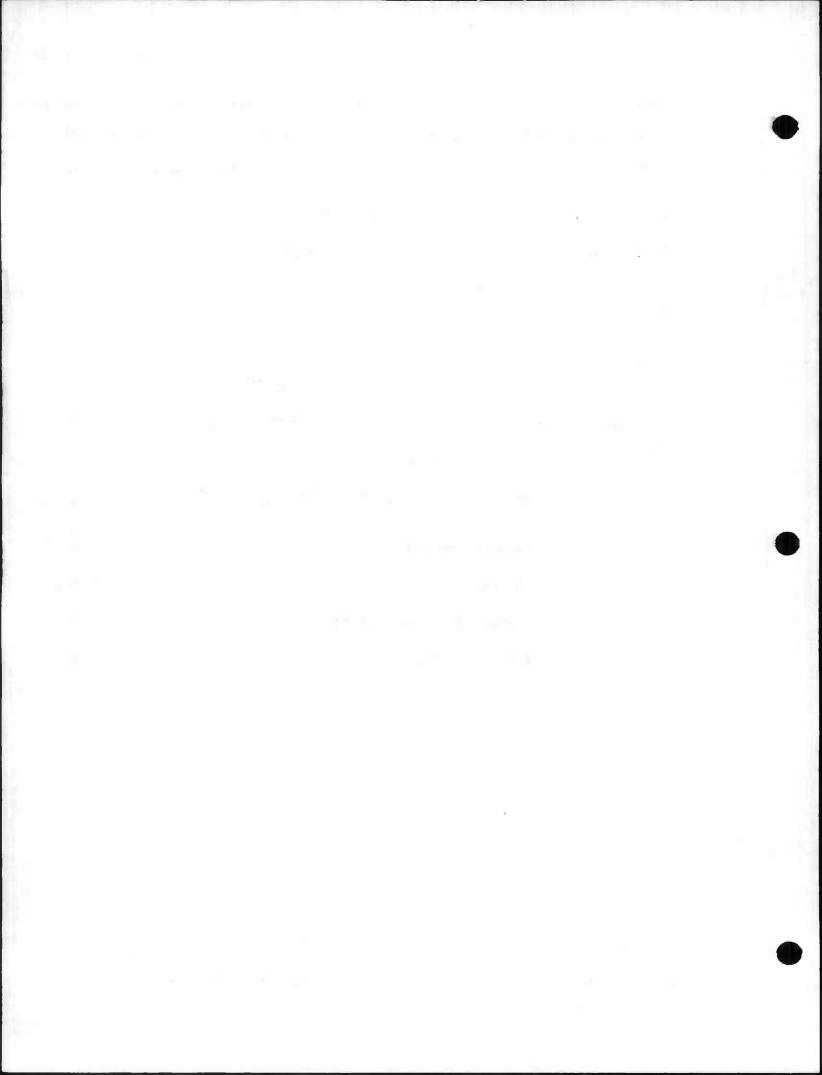


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/Med Exam		4e. Fecility Neme	Joseph N	e street end number)	Cent			4b. City, Town, or TOWS	Location of Dea	,		imore	
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anytar show stat	_	10e. State	10b. County		10c. City	, Town or Loc		OTTO				10d. Inside City Limit	
The Maryla 28a-f sho notified at	ecto					BALTIMORE CITY						1X Yes 2 □ No	
With With	Funeral Director	326 TML	Number A STREET				10f. Zip Cod	21224	10g. Citizen of Who			intry?	
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A and a send a s			Neme/Reletionship (7			19b. Meilin	g Address (St	reet end Number or R	urel Route Numb	er, City or Tow	rn, Stete, Zi	ip Code)	
other th			M. WEAVER	SON				ONE COURT	BEL AI	R, MARY	<b>LAND</b>	21014	
Baltimore, Maryland 212. parmit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. important: if lism 27 is merked other than my injury or other traumatic event, the Manages.		20e. Method of D 1 Burlai 4 Donetion	Disposition 2 Cremetion 3 C n 5 Other (Specify	Removel from State			etory or other		Dete 8/23/97	20c. Location		own, Stete  MARYLAND	
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o deat	sicla	Pert II. Other sign	nificant conditions co	ntributing to death b	ut not resul	ting In the un	derlying cause	given In Pert I.	23b. Dld	tobacco use o	contribute t	to the cause of death	
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I Records, P.O. Box 6: The law requires that the death certific tite has been signed by the attending p	Completed t								24a. Was	s an eutopsy ormed?	a c	Vere eutopsy findings veileble prior to ompletion of cause if deeth?	
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To the within 2 To the comple	Me	29b. Signeture er	nd title of certif	// Indition ste				ense number		29d. Dete sign	ned (Month,	, Dey, Yeer)	

State Registrar

31. Dete filed (Month, Dey, Yeer) AUG 2 5 1997





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month ROLAND Willey CLAR ence 11:00 Am A06 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 316 4TH AVENUE LANSDOWNE BALTI MORC 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funerai** 1**2** M 2□ F Days 218-26-6367 66 Yrs. Director MARYLAND Oct. 27, 1930 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits BANTIMORE LANSDOUNE MARYLAND 1 ☐ Yes 25000 Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 316 4TH Avenue United States 21227 items 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No 4 - 5 5 It Yes, Give Year or Dates: / 2 - 5 5 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 → Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a, Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) WARCHOUSEMAN Auto PARTS 17: Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) FLORENCE ITINKINS DELBERT MARION 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1322 LINDEN AUCNUE ARBUTUS, MD. 21227 Robert Geller, Nophew Department of Health Important: If Item 27 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Durial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Sykesuille, MARYLAND LAKEVIEW MEMORIAL 8/26 21. Signature of Funeral Service Licenses 22. Name and Address of Facility AMBROSE FUNERAL Home OF LANSDOWNE 2719 HAMMONDS FERRY ROAD 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart tailure. List only one cause on each line. Approximate **Physician** /Medicai tmmediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last and YPERTENSION. P.O. Box 68760 physician Physician/Medical SCVD Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed beat should be det Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica complately filled in by the funeral director, t 25. Was case referred to medical examiner?

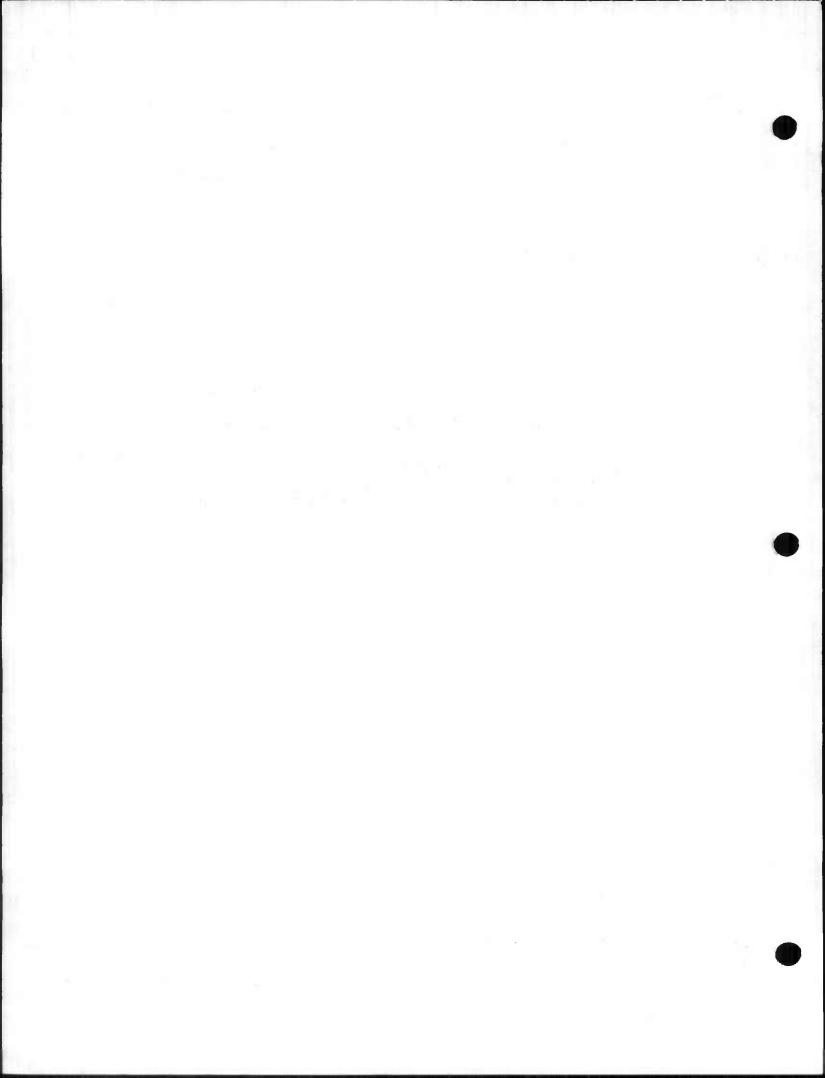
1 Yes 2 No Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) edical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of Injury 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) JENI 4000 ANNA POLIS RD, BALTIMORE HD 21227 -30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) KARIPINENI Dev, Yeer) ARD RE

State of Maryland / Department of Health and Mental Hygiene 97 25590

				C	ertificate of	Death		Reg. No.		20000
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· KO		LIBERTY MEDICAL				BALTIMORE If Under 24 Hrs.		N/A		
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Manual Ma		10a. State 10b. County		10c. City, Town o	Location					10d. Inside City Limits
1	ctor	MD. N/A		BALTI	MORE					1 Yes 2 No
le de la	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of \	What Cou	intry?
TEN		3211 MILFORD AV	Υ	E	2120			USA		
T. oc	by Funeral	11. Marital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Year or Detes:	Ever in U.S. 1	3. Was Decedent of I If Yes, specify Cub  1 ☐ Yes 2 ☒ No  2 ☒ No		ecity Yes or No- Rican, etc.)	14. Raca - American Indian, Bleck, White, etc.  Specify. AFRICIAN  AMERICAN		
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and the law		BRENDA CHARLES (	GRANDDAUG	HTER) 321	1 MILFORD	AVE. BALT	IMORE,	MD. 212	07	
If Item or othe		20a. Method of Disposition  1√□ Burial 2 □ Cremation 3 □	Romoval from State	anmatan.	sposition (Neme of crematory or other pla	ica)	Dete	20c. Location -	City or T	own, State
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Within 24 hours after deat  To the Funeral Director: completely filled in by the	edical (	29a. Certifier (Check only one)  1 CertifyIng Ph 2 Medical Exam	ysician: To the best niner: On the bests of end manner st	f exemination and/or	eeth occurred et the ti r Investigetion, in my o	me, date and pleca, opinion, death occurr	end due to the d red at the time, d	cause(s) and madate end plece,	anner as : and due !	stated. to the ceuse(s)
Tot	ž	29b. Signeture end title of certifier	1 lacon		29c. Licens			29d. Date signe		
1		Amatun M.	Muser		DI	5503	7	14948	5/8	x, 1997 214
0		30. Name and address of person who	completed cause of	death (Item 23e) (Tyl	pe, Print)	-1. R	1112	in a		
		4mortun D.	NAcem	501 DO	lphin St	reet 124	Homor	e mi	21	214

State Registrar America A 31. Date filed (Month, Day, Year) AUG 2 5 1997



State of Maryland / Department of Health and Mental Hygiene Q 7

97 25591

	17.0				Certif	icate o	f Death		Reg. No.	) 1 2	5591
Physician /Medical	1	1. Decedent's Name (First, Middle, Las La Fecility Name (If not institution, give	West	mo	relan	4	4b. City, Town, or	2. Date of D Month Augus	Day 21	Yeer 97	Time of Death
, Examiner		JOSEPH RICHY HOSP					BALTIMO		40. Odding	N/A	
Funeral Director		5. Social Security Number 6. Security Number 11	7. Age	(In yrs. 75	Me	Under 1 Year onths Day			irth ay, Year) 4,1922	9. Birthplace Country) SOUTH	(State or Foreign
2	-	Jsuel Residence of Decedeni  10a. Stete 10b. County		10c Cib	y, Town or Location	NO.					
or 28a-f sho be notified at		MARYLAND N/A		TOC. OR	BALTIMO		ΓY				Inside City Limits 1 No 2 No
E 5 % C	a Die	921 ARGONNE DRIV	E			of. Zip Code 212.	18		10g. Citizen of U.S.A		
The she death visit of the state of the stat	2	1. Marilel Slatus  1 Never Married 2 Married  3 Widowed 4 Drivorced	12. Was Decedent E Armed Forces? 1 X Yes 2 N If Yes, Give Year or Dates:	JAN. DEC.2	S. 9,1943 Was 9,1943 Yes 29,1945	Decedent of s, specify Co res 2 N	Hispenic Origin? (S ban, Mexican, Puer Specify:	pecify Yes or N to Rican, etc.)	0- 14. Rad Bla Specif	ce - American Ir ick, White, etc. by: NEGRO	ndian,
Completed	Inpletted	15. Decadent's Edi (Specify only highest grad Elementery/Secondery (0-12)		+)	16a. Decedent's (Give kind life. DO N	s Usual Occ of work don IOT use retii	e during most of wo	rking	16b. Kind of B	usiness/industr	У
		6TH	N/A		MACHIN	E OPE			CONSTRU		<b>WORK</b>
d 2 should be fit and Mental H 7 is marked out traumatic aver	5	7. Father's Name (First, Middle, Last) WALTER WESTMOR	ELAND, SR.				18. Mother's Nar		e, Maiden Sumer S	ne)	
and land		19a. Informent's Name/Relationship (7	ype, Print)		19b. Mailing Ad	dress (Stre	et and Number or Re	ural Route Numb	per, City or Town	, Stete, Zip Coc	de)
and ealth n 27 Ner tr		THERESA VICTORIA	PROCTOR- E	-			ATE COURT		BALTO,	MD. 212	227
emit. Pages 1 a bepartment of He mportant: if item ny injury or othe fisse.	2	Oa. Method of Disposition  1X Buriel 2 □ Cremetion 3 □ I  4 □ Donation 5 □ Other (Specify,		C	lace of Disposition emetery, crematon RRISON FO	y or other p	sept VETERAN C	. 25, 19	997	- City or Town,	
permit. Pu Departmen Important any injury stice.		21. Signature of Funeral Service Licent	) ee	~^	22. Na CAL	me and Add VIN B	ress of Fecility SCRUGGS	FUNERAL	L HOME		
	+	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	lications that caused	the death	Do not enter the	2 E. ]	PRESTON ST	T. BALTY	D, MD. 2		proximete
Physician		shock, or heart failure. List only o	ne cause on each/lin	e.				,	,	Inte	ervel Between set and Death
/Medical		mmediate Cause (Final disease or condition	a Mycos	15	FUNG	OIDE	5			8	YEARS
Examiner &		esulting in death)	/ /		r es e consequend		<i>D</i>				701123
executed in and inst-transit Examiner		Sequentially list conditions, fany, leading to immediate sause. Enter Underlying Lause (Disease or Injury	b	Due to (or	r as a consequenc	a of):		•			
rifficete be executed ng physician and as the burial-transit		cause. Enter Underlying Cause (Disease or Injury hat initiated events esulting in death) Last	c	Due to (or	as a consequenc	e of):					
\$ 0 a			d								
	F	eri II. Othar algnificant conditions co	ntributing to death but	t not resu	ulting In the underi	ying cause g	iven in Part I.	23b. Did	tobacco usa co	entributa to the	cause of death?
es thet tha death cer igned by the ettendir be datached for use by Physician/A								1	Yes 2 No	3 Probably	y 4 Unknown
aw requir									s an autopsy ormed?	evailabl	autopsy findings ble prior to ation of cause h?
The page								10	Yes 2 No	1 🗆 Yes	s 20 No
Physician: The lav this certificate has ral director, page 2		5. Was case referred to medical examiner?					26. Place of Dec	eth (Check only	one)		
2 00 0		1 ☐ Yes 2 No				LI DOA		lome 5 Res		ner (Specify)	OSPICE
l or Attending P after death. Director: After d in by the funer ertification:	2	7. Manner of Death  1. Denote the second sec	28a. Date of Injury (Month, Day	Year)	28b. Time of Injury	28c. Inj W 1 1 [	ury at ork? ⊒ Yes 2 □ No	28d. Describe	how Injury occur	red	
Page I		3 ☐ Suicide 6 ☐ Could not be determined	28e. Piace of Injur building, etc.	ry - Al ho (Specify	me, farm, slreel, f	actory, office			(Street and Numb wn, State)	per or Rural Roo	ute Number,
To the Hospital within 24 hours To the Funeral I completely filled Medical Ce		9e. Certifier (Check only one) 1 Certifying Phy	elcian: To the best of nar: On the besis of end menner stat	axamınatı	vledge, death occion and/or investig	urred at the gation, in my	time, date and place opinion, death occu	, and due to the irred at the time,	cause(s) and mo date and plece,	anner as stated and due to the	l. cause(s)
within To the		9b. Signature and tiletroif certifier				29c. Licer	nse number		29d. Dele signe	d (Month, Day,	Year)
1251		John Machel	Hom 120				06933		AUGUS	722 40	1997
1071		O Name and address of person who or	le NA	ath (Item	23a) (Type, Print) 57 Sul 1	E 71	9 BALTA	MORE	10 21	201	
State		1. Date filed (Month, Day, Year) AUG 25 1997	32. Begistrar	's Signat	ture						

State of Maryland / Department of Health and Mental Hygiene

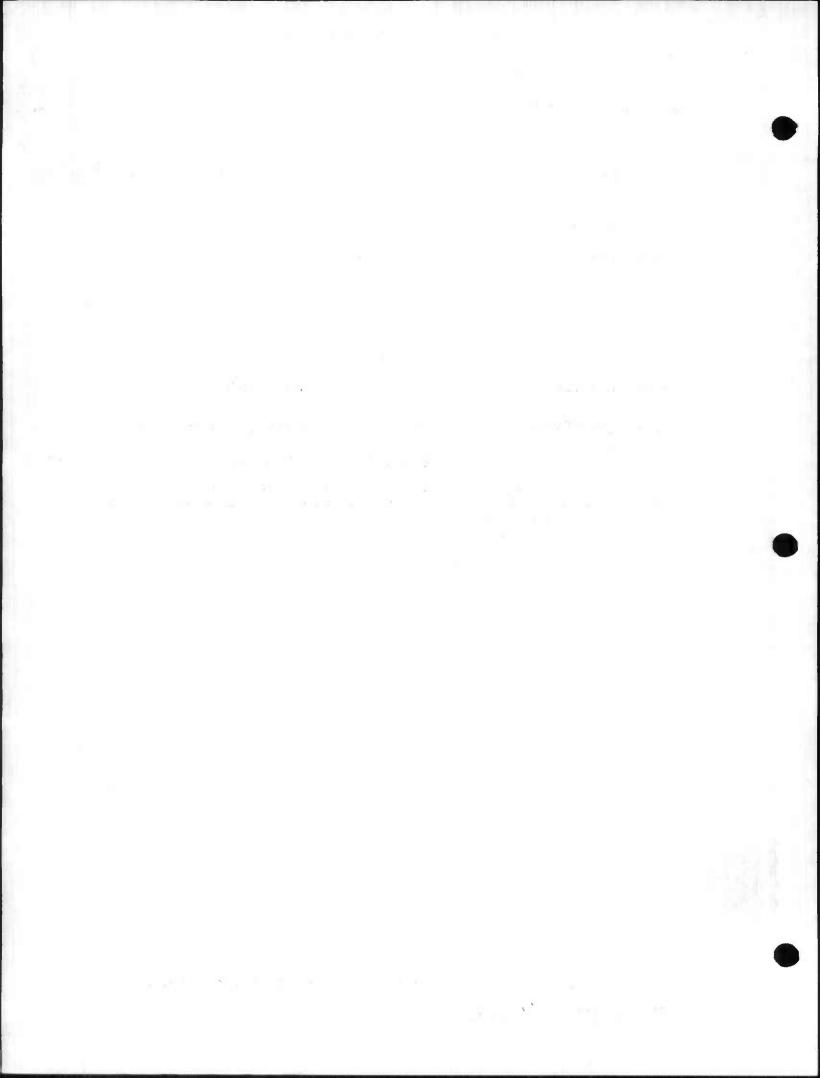
Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** ALICE E. ZEH AUGUST 4:45 PM 19,1997 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street end number) Examiner CHARLESTOWN CARE CENTER CATONSVILLE BALTIMORE if Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dev. Year) **Funeral** Days 10 M STOF 139-28-8444 92 Yrs. 10/14/1904 Director NEW JERSEY Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits notified at MD BALTIMORE 1 ☐ Yes 2 ☐ No Director CATONSVILLE 288-1 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 709 MAIDEN CHOICE LANE N-114A 238 21228 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: WHITE p 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Saltimore, Maryland 2121 Elementery/Secondery (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Be 12 should be fi and Mental F is marked of JOHN SAMUELSEN (THORWOLDSEN) MARIE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If them 27 is n DAVE ZEH (SON) 9861 HELMWOOD COURT ELLICOTT CITY, MD 21042 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 ☐ Burial 2XXCremation 3 ☐ Removal from State b CARROLL CREMATION SERVICE 8/22/97 4 ☐ Donation 5 ☐ Other (Specify) CARROLL COUNTY 22. Name and Address of Fecility WITZKE FUNERAL HOMES, INC. 21. Signature of Funeral Service Licanses 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximate Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Ongestive heart failure Examiner Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): and attending physician for use as the burial Box 68760. Physician/Medical Due to (or as e consequence of): 23b. Did tobacco usa contributa to the cause of death? P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Dementia Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Division of Vital 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA 2 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28h. Time of 28c. Injury at Work? Certification: After or Attending 1 Naturai 5 Pending 1 Yes 2 No 24 hours after death. 2 Accident Investigation 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical Examinar: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the within 2 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number D 30989 address of person who completed cause of death (Item 23a) (Type, Print) Maiden choice lane Catansville appenter MD State Registrar

DHMH 16 Rev 6/95

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S			LEY AYRES II Dart 1,27,28a-f per MEC			/ Departme		lealth and Death	Mental Hy	ygiene Reg. No	21	25593
г	Physici	an	1. Decedent's Neme (First, Middle, La						2. Dete of D Month	eeth De	y Y	3. Time of Deeth
	/Medi	cal	Stephen W. Ayres					4h Ciby Town or	AUG.	19	and the	
	Examir Funeral Director	ner	,		ge (In yrs. last	birthdey) If Uni Yrs. Month	der 1 Year	4b. City, Town, or Rising BALLFIE If Under 24 Hrs Hours Min	Sun LD 8. Date of B		CECII 979 Pe	
	/land	-	10e. State 10b. County		10c. City, T	own or Location						10d. Inside City Limits
	a-f sh	tor	Maryland Cecil		Conowi	ingo						1 ☐ Yes 2ễNo
	ith th	Director	10e. Street end Number			10f.	ZIp Code			10g. Ci	tizen of Whe	et Country?
	s 23a		64 Topeka Rd	T			1918			USA		
21215-0020	ss 1 and 2 should be filed within 72 hours after death with the Meryland of Health and Mental hygiene. It has the marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Exameter must be notified as	by Funeral	11. Marital Status  1 □X Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces?  1 ☐ Yes 2 ☒ If Yes, Give Yeer or Detes:	-300.00	If Yes, s	cedent of F pecify Cub 2 2 No	dispenic Origin? (5 en, Mexicen, Puer Specify:	Specify Yes or N to Rican, etc.)	0-		American Indian, White, etc. White
5-0	72 hc	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	1	6e. Decedent's U (Give kind of	suel Occup work done	during most of wo	orking	16b. K	(ind of Busin	ness/Industry
121	within ane. than	Completed	Elemantery/Secondery (0-12)	Collega (1-4or 5		iiie. DO NOI Inemploye		d)		No	n o	
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lan	should be ind Mental I is marked or	To Be	Stephen W. Ayres					Maria :	Lombard	0		
Maryland	2 sho and A ls ma	-	19e. Informent's Neme/Relationship (	Type, Print)	1	19b. Mailing Addre	ess (Street	end Number or R	ural Route Num	ber, City	or Town, Sta	ata, Zip Code)
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ltimore,	Pages 1 nent of H ant: If Ita ury or ot		20a. Mathod of Disposition 1 ☐ Buriel 2   Cremetion 3 ☐		ceme	e of Disposition (factory, cremetory of	r other pla	1	Dete			y or Town, Stete
Ħ	parmit. Pages Department of Important: If it any injury or once.		4 Donation 5 Other (Special Strong Licer		R. A	. Ferris			21, 199	/ W	est C	hester, PA
Ba	parmit. P Departme Importan any injur		12/1.	4/1	10	21 24 23 1102		rd Funer			1/D 0	1011
	_		23s. Part1. Enter the disease, or com	Acutions that coursed	i the death. D	Do not enter the m	ode of dyl	een St.	K1S1ng	Sun :	, MD 2	Approximata
į.	Physician /Medicai Examiner		shook, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)		CUTE NAR	COTIC INTO	-	ON				Intervel Between Onset end Deeth
	D &	miner	/		Due to (or as	a consequence o	)ij.					
90,	tificate be executed g physician end es the buriel-transit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disease or injury	b	Dua to (or es	e consequence o	of):					
Box 68760	deeth certificate be e ettending physicia d for use es the bur	Physician/Medical	thet Initiated events resulting In death) Last	d	Due to (or es	e consequenca o	f):					
ğ	deeth d for u	iciar	Pert II. Other significant conditions of	ontributing to death b	ut not recultin	a in the underlying	a course si	on lo Cost I	22h Bio	Itohano	. use contri	bute to the causs of death?
S, P.O	the y th	by Phys	Total agrinoant conditions	Onthibuting to death bi	ot not rasultin	g in the underlying	g ceusa gr	van in Part I.		Yss 2		Probably Unknown
Hecords,	s been s 2 should	Completed								s an euto formed?	ppsy 2	24b. Were eutopsy findings evailable prior to completion of cause of death?
=	The ate h	Соп							75	Yes 2	□No	SX Yas 2□ No
Vital	ician: certific rector,	Be	25. Wes cese refarred to medical examiner?	Hospital:			0.1		ath (Check only		3232	
0	Physical direction	. To	X\\ Yes 2 \ No 27. Manner of Daeth	1 ☐ Inpatie	-	Outpetient 3 D		4 Li ratising r	dome 5 ☐ Res 28d. Describe			(Specify)
0	ing Afte	tion	1 Naturel 5 Pending 2 Accident investigation	(Month, De)	y Year)	Injury	28c. Injui Wor	rk? Yes 2 <b>XDI</b> No		now inju	ny occurred	
Division	If or Attending efter death. Director: Afte d in by the fune	Certification:	3 ☐ Suicide 6XX Could not b	Tound 8/19		und 8:10 <sup>M</sup> , farm, street, fect	ory, office		28f. Location	(Street e	nd Number o	or Rural Route Number,
2	rs efter ai Dir	Cert	Tomade	found on b					Rising S			
	Hospi 4 hou Funer fely fil	edlcai	(Check only 2V Misdical Exam	yalcian: To the best of	axamination	dge, daeth occurre end/or Investigeti	ed at tha tir	ma, date end plece	e, end due to the urred at tha time	ceuse(s	and menna d piace, end	ar es stated. I due to the cause(s)
	To the Hospital or I within 24 hours efter To the Funeral Direct completely filled in E	Med	one) 29b. Signeture end title of certifier	end menner ste	eted.		29c. Licens					Month, Dey, Year)
	F≯F8		· A	201	610		O.C.					1997
			30. Neme end addrass of person who	complated cause of d								
			Dennis J. Chuy				reet,	Baltimo	re, Mar	yLand	2120	)1
	Sta Registr	_	31. Dete filed (Month, Dey, Yeer) F. JG 2 5 1997		ar's Signature							



Please Type or Print in Blac State of Maryland /	ck Indelible Ink. Assure All ( Department of Health and Mer Certificate of Death	ntal Hygi		5594
Decedent's Neme (First, Middle, Last)		Dete of Deeth		3. Time of Deeth
Katherine Elizabeth Bantz	JI	Month ULY 30	1997	7:45 PM

Physicia /Medic Examin

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other treumstic event, the Medical Evertical Function ported an once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit

KATHERINE BANTZ Division of Vital Records, P.O. Box 68760,

Mandle of County

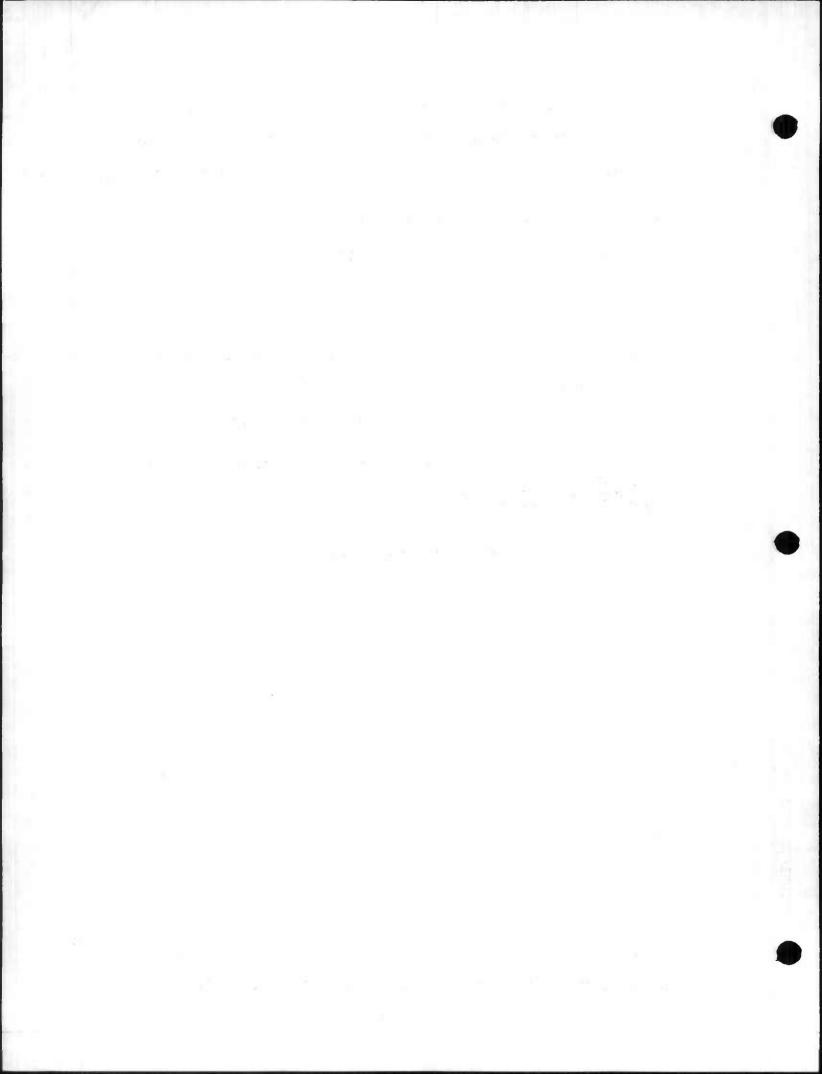
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4e. Facility Neme (I MEMORIAL		-			CENT	rer			4b. City, To				4c. County			
5. Social Security N 218-16-2	683	6. Sex 1 □ M	2 <b>∏</b> F	7. Age (	(In yrs. les		/ If Under Months	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of (Month) Jan	of Birth h, Dey, Yes	er) 1917	Cou	intry)	te or Foreign
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32. Registrer's Signature

State

Registrar

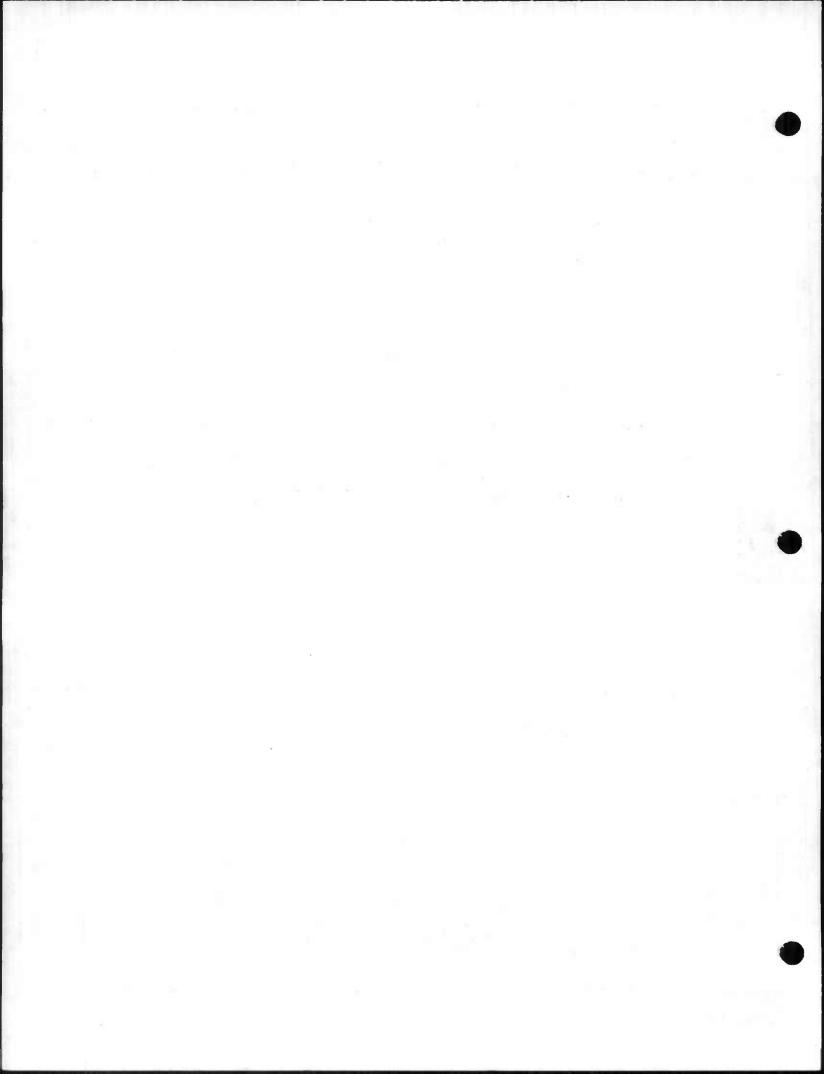
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State of Maryland / Department of Health and Mental Hygiene 97 25595

				(	Certificate of	Death	Re	eg. No.		
Dhuole	ion	1. Decedent's Nama (First, Middla, L	ast)				2. Deta of Deat Month	h Day	Veer	3. Tima of D
Physic /Medi		June Ailene	Bernard				August 4		Yaar	12:30
Exami		4a. Facility Nama (If not institution, gi	va street and number)			4b. City, Town, or L		4c. County	of Death	110
		607 P. St. Apt.	22			Mt. Lake	Park	Gar	rett	
Funeral Director			Sax 7. Aga (In yrs. Is 1□M 2以F		Months Days		8. Data of Birth (Month, Day, June 12	Year) , 1922	Coun	ieca (State or F try) y land
land		10a. Stata 10b. County	10c. City	Town	or Location				10	0d. Insida City
f sh	ō	MD Garre			1 7 1					1 ☐ Yas 2
tha 288	Director	MD Garre	L M	C. 1	Lake Park		10	Og. Citizan of	What Coun	tn/2
With Pa		607 D Ch A-1	2.0							
heath	era	607 P. St., Apt.	12 Was Decedent Ever in U.S.		215		pacify Vac or No-		U.S.A	
72 hours after death with the Maryland natural; or items 23s or 28s-f show disal Exercises must be notified at	by Funeral	1 ☐ Navar Married 2 ☐ Marriad 3 🖔 Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas:		13. Was Decedant of If Yas, specify Cub  1 ☐ Yas 2 ☐ No		Rican, atc.)		ck, Whita, a	atc.
n 72 hours natural',	ted	15. Decedent's E		16a. D	ecedent's Usual Occu	pation		16b. Kind of B	usinass/Ind	lustry
Ę	Completed	(Specify only highast gr Elementary/Secondery (0-12)	ada completed)  Collaga (1-4or 5+)	9	Giva kind of work dona ifa. DO NOT usa ratire	aunng most of world ed)	ang			
TO US by	No	12			Housewife			Home		
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	To	Henry Oren Martin	ı			Emma N	ſae Kyle			
d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Relationship	(Typa, Print)	19b. I	Mailing Addrass (Strae			City or Town,	Stata, Zip	Code)
permit. Pages 1 and 2 Department of Haalth Important: If Item 27 I any Injury or other tru ants.		Lawrence M. Bern 20a. Mathod of Disposition 1 □ Buriai 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Speci	Removal from Stata 20b. Pia	nca of C matary,		Cemetery 8	Data 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	akland	City or To	
Physician /Medical Examiner	Examiner	Immediata Causa (Finai disaasa or condition rasulting in deeth)	b	as a co		ic con	ronan	ger		Onsat and Der
leath cardificata be asscuted attending physician and I for usa as tha bunal-transit	Medical	Sequantially list conditions, if any, leading to immediate cause. Enter Undarfying Cause (Disaasa or injury that initiated events rasulting in deeth) Last	C		nsequance of):					- 10-
0 0 2	Physician/	Part ii. Other signiffcant conditiona	contributing to death but not result	ing in ti	na underlying causa gi	van in Pert I.	23b. Dld tot	pacco use co	ntributa to	the cause of c
as that tha death igned by tha atte be datached for	by Phy							8 2K) No		ebly 4□Un
aw requir	Completed t						24a. Was ar perform		ava	ra autopsy find iliabia prior to nplation of caus leath?
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ysician: Tha list cartificata he	Be	25. Was case rafarrad to medical axaminar?				26. Piaca of Deat	h (Check only one	1)		
uls ce I dire	2	1 ☐ Yes 2X No	Hospital: 1 ☐ Inpatient 2 ☐ E	R/Outp	atient 3 DOA Ot	har: 4 Nursing Ho	ma 510 Rasida	nce 6 Oth	er (Specify,	)
i or Attending Physician: after death. Director: After this cartific i in by the funeral director,	Certification:	27. Mennar of Death  1 ☒ Naturai 5 ☐ Panding 2 ☐ Accident invastigatio 3 ☐ Suicida 6 ☐ Could not b	(Month, Day Year)	8b, Tim Inju	lry Wo M 1□		28d. Dascribe ho	w injury occur	red	
7 5 5 C		4 Homicide detarmined	28a. Placa of injury - At hom building, etc. (Specify)				28f. Location (Str. City or Town,	Stata)		
To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edicai	29a. Certifiar (Check only one) 1 Cartifying Property 2 Medical Example 1	ysfclan: To the best of my knowininer: On the basis of axaminetic and manner stated.	edge, d n and/o	eeth occurred at tha ti or investigetion, in my o	me, deta and piace, opinion, deeth occur	and dua to the cared at the time, da	use(s) and ma ta and piace,	nnar as ste and dua to	eted. tha causa(s)
To t To t	Σ	29b. Signatura and titla of certifiar	.01		29c. Licans	sa number	29	d. Data signe	d (Month, D	Day, Year)
		60 DAM	my mul		H2	6154		8/9	/97	
	-	30. Nama and eddress of person who	completed cause of death (item of	3a) /T-	me Print)					
	4									
	1	Dr. Paul Daniel 31. Data filed (Month. Day Year)	Miller	200	8 Maryland	Highway,	Oakland	, MD 2	1550_	
	ar	AUG 1 2	1997 Mali Star	dia	Rardall					
Sta Registra	A		completed causa of death (Itam 2	200	H2  pe, Print)  8 Maryland	6154		8/9	/97	Day, Year

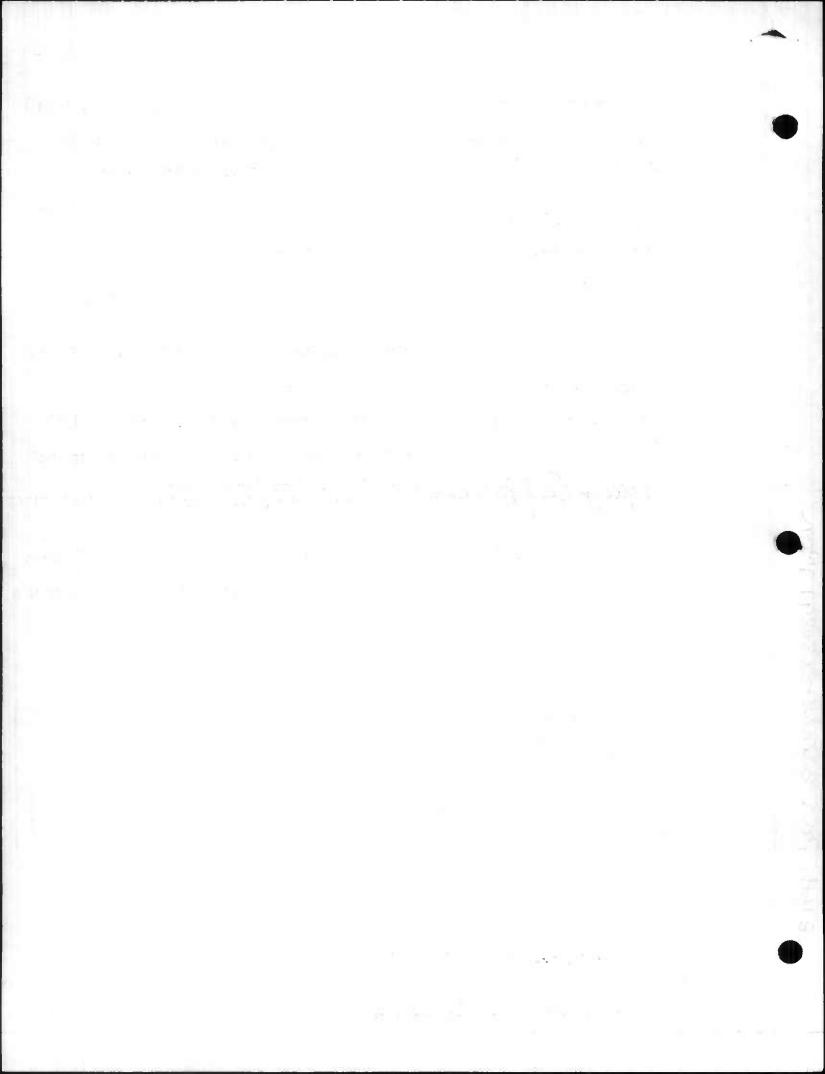
DHMH 16 Rev 6/95



# Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

						Cen	tificate of	Death		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, LEDITH PEARL						2. Dete of De Month August	eeth Dey	Yeer 97	3. Time of Deeth 7:10 pm
7	Exami		4e. Fecility Neme (If not institution, g Washington Co		al			H	wn, or Location of Deel agerstown	h 4c. Coun	ty of Death	ington
a de	Funeral Director		214-09-4389	Sex 7. Age	(In yrs. lest bir 77	thday) Yrs.	If Under 1 Yee Months Deys	r If Under s Hours	24 Hrs. 8. Dete of Bi Min. (Month, D	1919	COUR	place (State or Foreign http:) Stown, MD
	Maryland a-f ahow	tor	Usuel Residence of Decedent  10e. Stete 10b. County  Maryland Wash	nington	10c. City, Town	n or Loc	ation	Hage:	rstown		1	10d. Inside City Limits 1 ☐ Yes 24 No
	th with the 23a or 28	al Director	10e. Street end Number 516 Indiana	Avenue			10f. Zip Code	217	40	10g. Citizen of	Whet Cour	
020	filed within 72 hours after death with the Maryland Hygiene filer then "neturel", or frems 23a or 28a-f show ent, the Medical Exercities mist be northed at	by Funeral	11. Marital Stetus  1 Never Married  3 Widowed 4 Divorcad	12. Wes Decedent Ev Armed Forces? 1 Yes 2 No if Yes, Give Year or Detes:			/as Decedent of Yes, specify Cu ☐ Yes 2 No		gin? (Specify Yes or No i, Puerto Rican, etc.)	Spec	ace - Americ eck, White, lfy: Wh	
21215-0020	gas 1 and 2 should be filed within 72 hours tof Health and Mental Hygiana. If Item 27 is marked other than "naturelt, or other traumatic event, the Medical Exe	Completed	15. Decadent's t (Specify only highest g Elementary/Secondary (0-12)	Education rede completed) College (1-4or 5+	)	(Give k	ent's Usuei Occu ind of work done O NOT use retir Ceria En	e during mos ed)		16b. Kind of		ol System
Maryland ?	2 should be filed with and Mental Hygiana. Is marked other then aumatic avent, the M	To Be C	17. Fether's Neme (First, Middle, Les George Schmid	•				18. Mothe	er's Neme (First, Middle	, Meiden Sume		or by beau
	ts 1 and 2 sho of Health and Nem 27 is ma other traum		19e. Informent's Neme/Reletionship Lloyd E. Barr		and 5	16 I	Indiana		er or Rurel Route Number, Hagersto	-		
Baltimore,	permit. Pagas 1 Department of Hi Important: If Nen any Injury or oth		20e. Method of Disposition  1 ☑ Buriel 2 ☐ Cremetion 3 €  4 ☐ Donetion 5 ☐ Other (Special Contents)	ify)	cemeter	ry, creme	ition (Neme of etory or other pl Cemete		Aug. 12	Hagers		own, Stete Maryland
Ball	permit. Page Department of Important: If any Injury or once.		21. Signature of Feneral Service Let	I your	ten				y Ty Funeral vd. N., Hag		ı. Mar	vland 2174
Box 68760,	Physician // Medical physician and physician	ian/Medical Examiner	shock, or heert feilure. List only immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b. Se V		consequ	enca of):	iary	your ct heard	duser	ase	intervel Between Onset end Deeth
P.O.	requires that the dis ean signed by the a hould be detached t	ted by Physician	Pert II. Other significent conditions  End Stag  faulu	contributing to death but	1	the und	derlying cause g	liven In Pert I	1 □	Yes 2 No	3 ☐ Prol	bably 4 Unknown  ere autopsy findings elieble prior to
of Vital Records,	The law ale has b page 2 s	e Completed	25. Was case referred to medical					CC Plane	10	Yes 20 No	co	mpletion of cause deeth?
Division of Vi	To the Hospital or Attending Physiciam: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edical Certification: To Be	examiner?  1 Yes 2 No  27. Menner of Deeth Naturai 5 Pending Investigatic 3 Sulcide 6 Could not I determined  29a. Certifier 1 Sertifying P	28e. Placa of Injury building, etc. (	28b. T in 28b. T	rm, street, deeth of	28c. Inju W M 1 [ et, fectory, office	ther: 4 Nu	28f. Location ( City or To	denca 6 On how injury occu Street and Num wn, Stete)	nber or Rura	if Route Number,
	Sta	te	29b. Signeture end title of certifier  30. Name and eddress of person who  Hind How do  31. Dete filed (Month, Dey, Year)	An mo	th (item 23e) (		29c. Licen	ise number H 6 L	173	29d. Dete sign Aug	ed (Month,	
	Registr	ar	AUG 1 2 199	1 grand	avidour-	Janos	مالا					

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В	OWARD			State of Ma	aryland		artment <i>rtificate</i>			ind M	, ,	iene S	91 6	25591
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	Physic /Medi		Merle Franklin 1	Boward							Month AUGUST	10,199	Yeer 97	8:10 P
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L			U.S. 40 WEST  5. Sociel Security Number 6. Se	7 40	o /la ura la	ast birthday)	If Under 1	Vear	Hager If Under 2				INGTON	
	Funeral Director			M 2□F	56	Yrs.		Deys	Hours	Min.	8. Date of Birth (Month, Day, Aug. 30,	Year) 1940	Mary]	ce (Stete or Foreign () and
	Maryland In show	tor	10e. Stete 10b. County  Maryland Washir	ngton	10c. City	, Town or Lo	ocation Smithsl	bur	g				100	1. Inside City Limits 1 Yes 2 No
	h with the 23a or 28	ai Director	10e. Street end Number P. 0. 23802 Suede Lane	Box 404			10f. Zip C		21783		1	0g. Citizen of 1	Whet Country	13
020	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show samp fairpy or other traumetic event, in Medical Examination must be nothing a since.	by Funeral	11. Maritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Mayes 2 1 Mayes, Give Year or Dates:			Was Decede If Yes, specif	ly Cube	lispenic Orig en, Mexican, Specify:	in? (Spe , Puerto f	cify Yes or No- Rican, etc.)		ce - American ck, White, et	c.
Maryland 21215-0020	within 72 ho iene. than "natur	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	ucation de completed) College (1-4or 5	i+)	(Give	dent's Usuel kind of work DO NOT use	done	durina most	of workir	ng	16b. Kind of B	usiness/Indu	stry
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and	be fill d oth	Be	17. Fether's Neme (First, Middle, Last)  Charles Boward								(First, Middle, M		-	
Ž	should be and Mental I marked of	2	19e. Informent's Neme/Reletionship (7	ima Printi		10h Maili	na Address /	(Stead			Elizabet			
	end 2 s saith en n 27 is i		Mildred J. Boward								urg, Md			000)
altimore,	Peges 1 e		20e. Method of Disposition  1 28 Buriel 2 Cremetion 3 1  4 Donetion 5 Other (Specify		Ce	ece of Dispo metery, crea	osition (Name matory or oth	e of ner plac	ce)		Date	agerst	City or Town	
Balti	permit. Depertm Importa any Inju		21. Signature of Funeral Servica Licans			2:	2. Neme end	Addre	ss of Fecility	MI	NNICH F Hagers	UNERAL	HOME	
	_		23e. Pert1. Enter the diseese, or comp shock, or heart feilure. List only of	lications thet caused	the death.	-							A	pproximete
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	/Medicai Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)	e	ulti	ple	Ir	nju	rirs					
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Ő,	death certificate be executed e ettending physician end of for use es the buriel-transit	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury											
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ecord	aw requir	Completed t									24a. Wes en	n eutopsy ned?	eveile	e eutopsy findings able prior to bletlon of cause eth?
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Viita	Physician: The ribis certificate oral director, par	Be	25. Wes case referred to medical examiner?	Hamital.				100		of Deeth	(Check only on	9)		
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	ding After fune	tion	1 ☐ Naturel 5 ☐ Pending	(Month, Day	Year)	28b. Time o Injury	0	c. Injun Worl	k? Yes 2. ☑N		8d. Describe ho	1		
Division	or Attending efter death. Director: Aftel I in by the fune	ertification:	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Inju	ry - At hon	730 ne, farm, str					8f. Location (St	reet and Numb	per or Rural F	dent Route Number,
á	s efte ii Dire	Certi	4 Homicide	building, etc	S † √ ≥ v	1					City or Town	, State) U	15, 40	Manyland
	To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by the	edical C	29e. Certifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exami	elclen: To the best of iner: On the besis of end manner sta	f my know exeminetic	ledge, deeth	n occurred et vestigation, in	the tim	ne, dete end pinion, deeth	plece, e	nd due to the ce	use(s) end me	enner es stet	ed.
	To the To the comp	M	29b. Signeture end title of certifier	1			29c. l	License	e number		25	d. Date signe	d (Month, Da	y, Year)

State Registrar

Stephens, Radentz
31. Dete filed (Month, Day, Year) 32. Regist

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

AUGUST 11, 1997

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AUG 1 3 1997

32. Registrer's Signeture
Suhia Davidson-Randelle

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25598

								uncate	, 01	Doan			Reg. No.		
	Physic /Medi		1. Decedent's Name (Fit		custer						-12-22-	2. Date of D Month AUGUS	of Deeth th Dey Yeer UST 13, 1997  Death 4c. County of Deet GARRETT  of Birth 10 Dey Yeer GARRETT  of Birth 10 Dey GARRETT  of Birt	3. Time of Death  1:35 PM	
7	Exami		4a. Facility Name (If not CUPPETT &							4b. City, To OAKI		ocation of Dea			
	Funeral Director		5. Social Security Number 212-24-003	6. S	M 2□F	7. Age (In yrs. I	ast birthday) Yrs.	If Under 1 Months	Year Days	If Unde Hours	Min.	8. Date of B	irth Pay, Year) 1904	9. Birth Cor MA	place (State or Foreig into:) XYLAND
	p _		Usual Residence of Dac			1									
	the Merylen 28a-f show	Director	MD 10a. State 10b	GARR	ETT		, Town or Lo AKLANI								10d. Inside City Limits 1 ☐ Yas 2 ☒ No
	the M	e l	10e. Street and Number					10f. Zip C	Coda				10a. Citizen d	of What Cou	intrv?
	23a or	ral D	667 S. THI	RD STR	EET				215	50			USA		
020	72 hours efter deeth with the Meryland astural', or items 23a or 28a-f show feal Examiner must be notified at	by Funeral	11. Maritel Status  1 □ Never Married  3 ☒ Widowed 4 □	_	Armed F	2X No ive		Wes Decede If Yes, specif				ecify Yes or N Rican, etc.)		lack, White	
21215-0020		Completed	15. (Specity or	Decedent's Ed	ucation de com <i>pleted</i> ,		(Give	dent's Usual kind of work DO NOT use	done	during mo	st of work	ing	16b. Kind of	Businass/li	ndustry
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X	should be nd Mental marked o	ဥ	CLARENCE	IRVIN	CUST	EK				I P	ŒLIS	SA		WARN	ICK
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	er tr		SHIRLEY BE	RNARD	<ul> <li>DAUGI</li> </ul>	HTER	663	S. TH	IRD	ST.	OAK	LAND,	MD 2155	0	
nore	Pages 1 end lent of Heelth nt: If Item 27 ry or other t		20a. Method of Dispositi 1 Burial 2 □ Cro 4 □ Donatlon 5 □	emation 3 🗆		State	emetery, crai	osition (Name matory or oth EMORIA	ner pla		NC R	Date /17/97			
Baltimore,	permit. Pages Depertment of Important: If I any Injury or once.		21. Signature of Fuheral					2. Neme end	Addre	ss of Facil	ity	Р.	O. BOX	243	122
	40240		Malur)	Talle	us	M001	67	DURST	FU	NERAL	HOM	E - OA	KLAND,	MD 21	550
	Physician /Medical Examiner	miner	Immediate Cause (Finel disease or condition resulting in death)		a. Ar	Due to (or	as a consec	quence of):	c (	Car	dio	vasc	war	Dre	Onset and Death  Yeavs
ox 68760,	eath certificate be executed ettending physician end I for use es the buriel-transit	an/Medical Examiner	Sequantially list condition of any, leading to immed cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last	ns, late	c		as a conseq							1	
Bo	death o													- !	
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8	ysician: The la is certificate he director, pege	No.										1□	Yes 2 No	1	☐ Yes 2☐ No
Vital	ician: The certificate rector, peg	Be (	25. Was case referred to	medical						26. Plac	e of Deat	h (Check only	ona)		
>	Physician: this certific ral director,	ToE	axaminar? 1 ☐ Yes 2 ☐ No		Hospital:	Inpatient 2 1	ER/Outpatier	nt 3□ DOA	Ott					Wher /Snec	ifu)
of	£ 5 E		27. Mannar of Death				28b. Time o						how injury occ		197
O	lending Ph eath. or: After thi	tio		Pending Investigation		of Injury oth, Day Year)	Injury	М	c. injui Woi	rk? Yes 2 ⊑					
Division	ter d freci	Certification:	2 Accident 3 Suicida 6 [ 4 Homicide	Could not be datarmined	28e. Plac	a of Injury - At ho ling, atc. (Specify	me, farm, str					28f. Location City or To	(Street and Nus	m <i>ber</i> o <i>r R</i> u	ral Route Number,
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	Medical C	29a, Cartifiar 1 X (Check only one)	Certifying Phy Medical Exam	inar: On the b	best of my know easls of axaminationer stated.	vledga, death ion and/or in	n occurred at vestigation, l	the tir	ma, data a opinion, da	nd place, ath occur	and dua to the	a causa(s) and I, data and plac	mannar as e, and due	stated. to the cause(s)
	To th withir To th	Me	29b. Signature end title	Pogrtifier	1	0		29¢.	Licens	sa number			29d. Date sig	ned (Month	, Day, Year)

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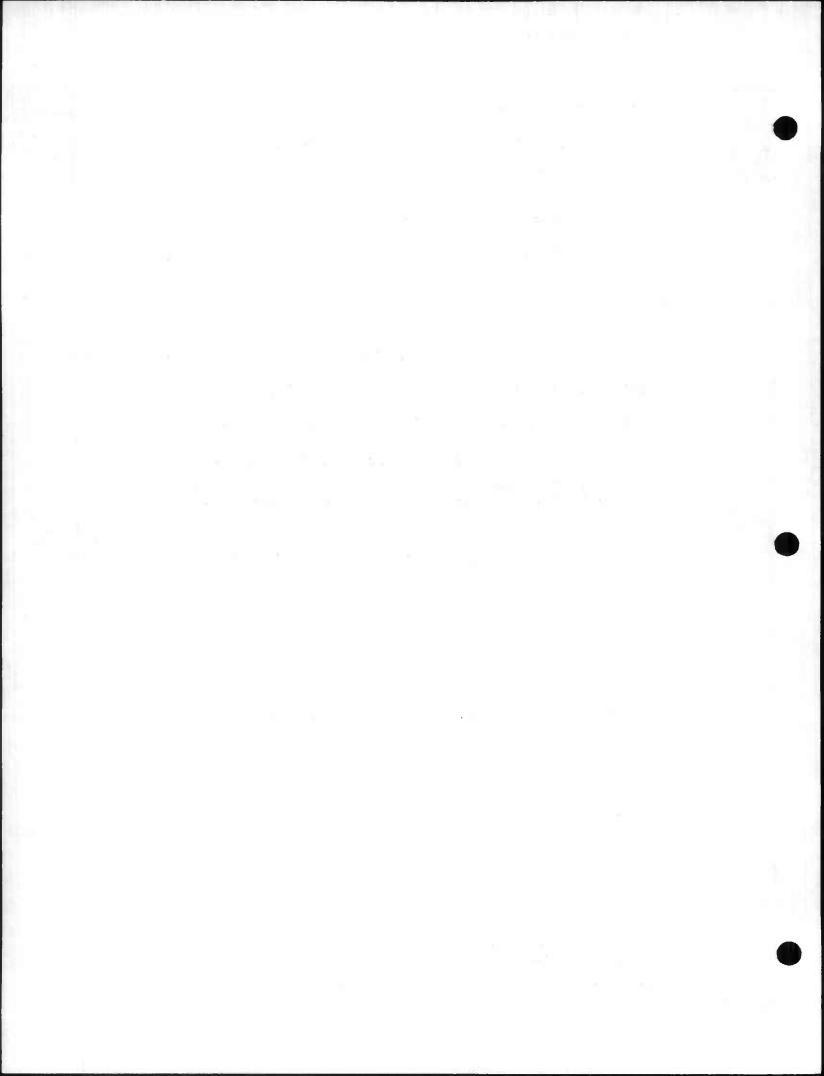
AUGUST 14, 1997

MT. LAKE PARK, MD 21550

State Registrar

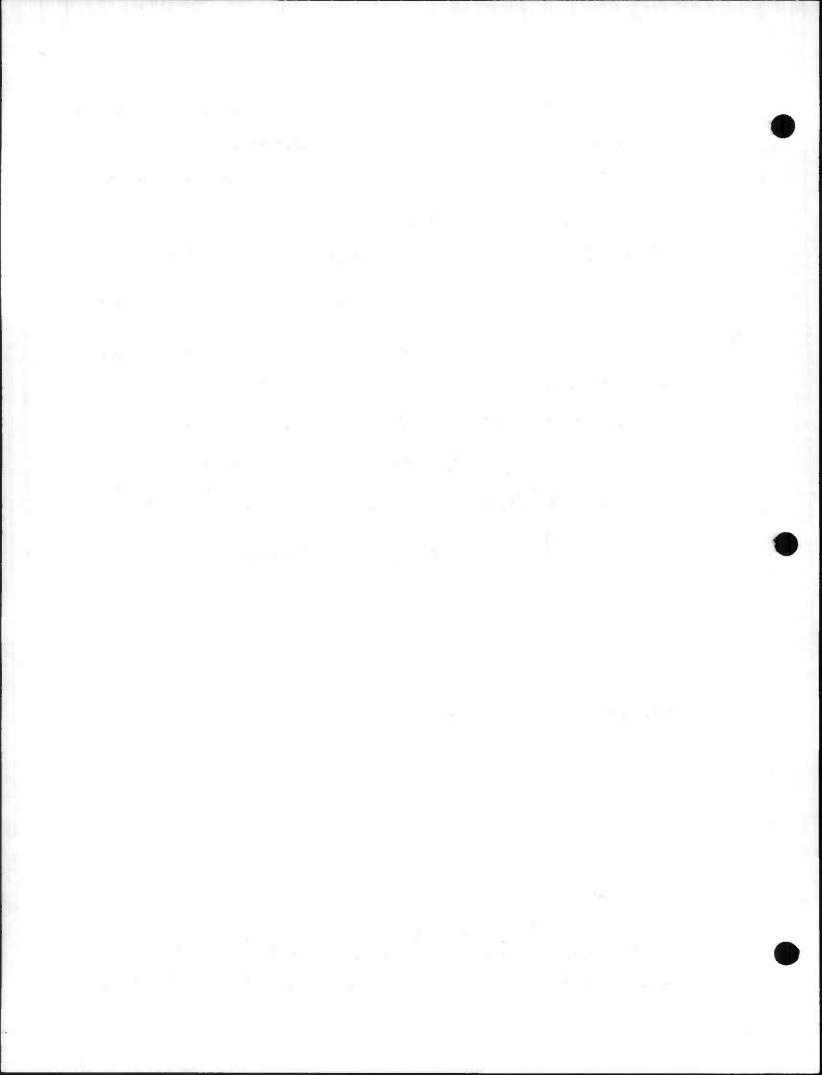
P. DANIEL MILLER, D.O. 2008 MARYLAND HWY. 32. Registrar's Signature

30. Name and address of person who completed causa of daeth (Item 23a) (Type, Print)



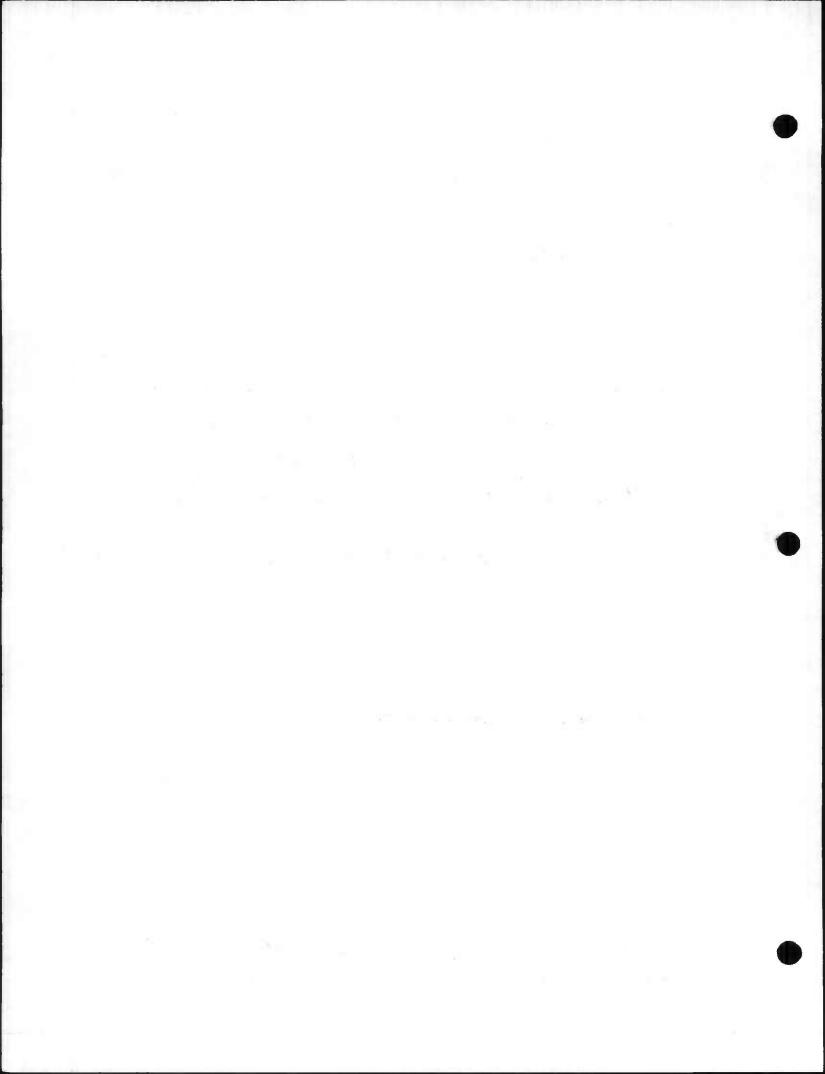
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 5 5 9 9

						Certifica	te of	Death	P	eg. No.		
	Dhuaia	ia	Decedent's Name (First, Middle, Las	it)					2. Date of Dee Month		Veer	3. Time of Death
	Physici /Medi		Thelma M. Care	эy					August	-		5.00 am
	Exami		4a. Fecility Name (If not institution, give	straat and numbar)				4b. City, Town, or				3.00 au
			3508 Oxwed Court					Westmins	ter	Day Year 7 1997 5:00 a 4c. County of Death Carroll  19. Birthplaca (Stata or F. Country) 3 1926 MD  10d. Inside City to the country?  USA  14. Race - American Indien, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  U.S. Government Maiden Sumama)  17. City or Town, State, Zip Coda) 18. Constant of the country of the		
	Funerai	Г	5. Social Security Number 6. Se	ex 7. Age	(In yrs. last	Directory)	er 1 Year	If Under 24 Hrs			9. Birthpla	ica (Stata or Foreigr
	Director		214-20-4806 Usual Residence of Decedent	□M 2□F X	71	Yrs. Months	Deys	Hours Min.	August			y) .
0	Tand		10e. State 10b. County		10c. City, T	own or Location					100	d. Inside City Limits
100	a-f sh	ctor	Md. Carroll		West	minster						1 Yes 2 No
4	5 2 3	olre.	10e. Street and Number			10f. Z	ip Code		1	0g. Citizen of V	Vhat Countr	γ?
4	38 m	aic	3508 Oxwed Court			2	1157		Ţ	JSA		
20	s I and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If Health and Mental Hygiene.  The file at the state of the than "natural", or flems 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Maritel Status  1 Never Married 2 Married	12. Was Decedent E Armed Forces? 1  Yes 2 N If Yes, Give X		13. Was Dec If Yes, sp 1 ☐ Yes	ecify Cuba	lispenic Origin? (S an, Mexican, Puer Specify:	pecify Yes or No- to Rican, etc.)	Blac	k, White, et	tc.
00	ural'	D	3 Widowed 4 □ Divorced	Year or Dates:	Τ.	A	Α	Law I I				
	nat and	Completed	15. Decedent's Ed (Specify only highest grad	ucation da com <i>plated)</i>	1	6a. Decedent's Us (Giva kind of w	ork dona	ation during most of wo d)	rking	g		stry
12	Pan Pan	m	Elementary/Secondery (0-12)	Coliege (1-4or 5-	+)			2)				
	Hygiene. ther than " ent, the Me		12 17. Father's Name (First, Middle, Last)			clerical		10 Mathada Na				ent
Maryland	Mental Parked of	Be	Lafayette Thiess						nuchart		a)	
<b>7</b>	should be nd Mental marked o	2						Rose Sc.	nuchart			
<u>a</u>	le mar		19a. Informant's Name/Relationship (T									loda)
	Health am 27 other tr		Diana M. Carey (da	aughter)				. Westmi				
Baltimore,			20a. Method of Disposition  1 □ Buriel 2 □ Cremation 3 □ I  4 □ Donation 5 □ Other (Spacify,		cema	of Disposition (Natary, cramatory or	other ple	1				1-1-1-1
	Depertment of Important: If any Injury or once.		21. Signature of Funeral Service Licans		Lake	VIEW Men	Orla	Second Park Second	3/11/9/13	Sykesvi	Lle_N	id.
m a	Deper Impor		D1	-11- 00	מנ			· H	aight Fur	neral Ho	ome &	Chapel
	7.0		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	lications that caused	the death. D	Do not enter the mo	de of dyir	ng, such as cardia	or respiretory err	est,		Approximate
Р	hysician		shook, or noun landro. Elst only o	-	0.							Interval Between Onset end Death
	/Medicai		Immediate Cause (Final disease or condition	CAR	NO	MA C	F	LUN	7		6	norths
E	Examiner		resulting in deeth)			a consequence of	);					- THOMAN
		ner					•					
- Paris	physician and s the bural-transit	Examiner	Sequentially list conditions.	b	Due to (or as	a consequence of	):					
o,	an an an iniai-i		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury									
68760,	ysicii ne bu	cal	that initieted events	C	oue to (or as	e consequence of	:					
-	5 0 6	Medical	resulting In deeth) Last									
Box.	attendin for use	2		d							-	
. 4	0 8	100	Part II. Other significant conditions co	ntributing to death bu	t not resultin	a in the underlyina	cause div	en in Pert I.	23b. Dld to	bacco use co	ntribute to t	the cause of death?
P. 9	igned by the a	Physician/	HOD CKW'S	LYMP			occoo g.v				_	ibly 4 □ Unknowi
Vital Records,	sign d be	d by				•			24a. Wes a	n autonov	24h Wer	e autopsy findings
jo s	been si	Completed							perfor		avail	lable prior to pletion of cause
	has ye 2	du									of de	eath?
									1 🗆 Y	es 2010	10	Yes 2□ No
of Vita	s certificate director, par	Be	25. Was case referred to medical examiner?	Magaitai.			Ton		ath (Check only or	a)		
O d	this c	ို	1 165 2 NO	Hospitei: 1 ☐ Inpatier		Outpatient 3□ D		4 Li Nursing F	lome 5 Reside	ance 8 Oth	er (Specify)	
<b>—</b> D	B 6 9	ii o	27. Manner of Death  1 ☑ Natural 5 ☐ Pending	28a. Date of Injun (Month, Day	Year) 28	b. Time of Injury	28c. Injur Wor	y at k?	28d. Describe he	w Injury occurr	ed	
Vision	or: A	ati	2 ☐ Accident Investigation			М	1 🗆	Yes 2 □ No				
Division	within 24 hours after death.  To the Funeral Director: After completely filled in by the fur	Certification:	3 Sulcide 6 Could not be determined	28e. Piaca of Inju building, etc.	ry - At home (Spacify)	, farm, street, facto	ry, office		28f. Location (Si City or Town		er or Rural i	Pouta Number,
Hospit	Funera Funera itely fills	edicai (	29a. Certifier (Check only one)  1 ☐ Certifying Phy 2 ☐ Medical Exami	sician: To the best of iner: On the basis of	examination	dge, death occurred and/or Investigatio	d at the tin	ne, data and place pinlon, death occu	, and due to the corred at tha time, d	euse(s) end me ate and piaca,	nner es stai	led. he cause(s)
2	thin	Med	29b. Signature and title of cartifier	end manner stat		- 100	o Honn	e number		Od Data ciana	/Month C	ev Veerl
ို	\$ 1 8	-	200. Olgipatora and title of Caroller	1) / A.	_	DING .	. LIUUIIS	0 110111001		9d. Date signed	/ n	xy, / oa/)
			more 2	aur	PHYSI	CIAN	02	-115	2	8/7	17	/
			30. Neme and address of person who co		eth (Item 23	e) (Type, Print)						145
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	Sta	ite	31. Dete filed (Month, Dey, Yaar)  ALIC 1 1 1007	82. Registra	r's Signature	.1.11						



State of Maryland / Department of Health and Mental Hygiene 97 25600

						Cei	rtificate	9 01	Death			Reg. No.		
П	Physic	ion	Decedant's Nama (First, Middla, La	est)							2. Data of D Month	eeth Day	Yaar	3. Tima of Death
	/Medi		Amanda Will	nelm Cul	llison						Aug		997	600 AM
7	Exami		4a. Facility Nama (If not institution, given	e street and numb	oer)				4b. City, To	wn, or L	ocation of Dea	th 4c. Cour	nty of Death	
			920 CENTURY STR	EET					HAM	PSTE	AD	(	CARROI	ī
П	Funeral				Aga (In yrs. las	-	If Undar Months	1 Yaar Days		24 Hrs. Min.	8. Data of B (Month, D	irth	9. Birth	placa (Stata or Foraign
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	enyle sho	=		× *	Too. Oily, 1	TOWIT OF EC	cation							10d. Insida City Limits
	Ne W	ect	MARYLAND CARRO	البلا					HAMPS	TEAD	)			1 Yas 2 No
	No.	늄	10e. Street and Number				10f. Zip	Coda				10g. Citizen o	f What Cou	intry?
	ath v	Funeral Director	920 CENTURY STRE						21	074			USA	
	er de Item	nu	11. Marital Status	12. Was Deceda Armed Force	as?	13. \	Was Deceda I Yas, speci	ant of fy Cul	Hispanic Orl oan, Maxicar	gin? (Sp n, Puarto	ecify Yas or N Rican, atc.)		ace - Amari lack, Whita	
20	be filed within 72 hours effer death with the Meryland tel Hygiene. d other than "naturat, or items 23a or 28a-f show event, the Medical Examinat man be notified at	by F	1 Nevar Married 2 Married 3 ☑ Widowed 4 Divorced	1 Tas 2			1□ Yas 2	₩ No	Specify:			Spec	cify: T.T	HTIDD
21215-0020	n 72 hours "natural",			Yaar or Data		0.0								HITE
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112	withi ene. then	E C	Elamantary/Secondary (0-12)	Collega (1-4	or 5+)		USEWI		,			0	WN HO	ME
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Maryland	ed be	o Be	ANDREW UPTON RHO									BERWAG		
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S			DORIS W. UTZ, DA									AD, MD		D C000)
ē,	of Heelth item 27		20a. Mathod of Disposition	IOGITEIX	20b. Plac	e of Dispo	sition (Nam	a of		Ι, Π	Date	20c. Location		own Stata
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Ba	permit. Depertuimports any Inju		21. Orginatura di Funtaria i Sarvica Elcar	1990		22			ass of Facilit	EL		NERAL H		
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L	Physician /Medical	П	Immediate Cause (Final											Onsat and Deeth
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68	certificate be executed ding physician and use as the buriel-transit	edicai	rasulting In daath) Last		Dua to (or as	a consequ	uance of):						1	
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ds	sign sign d be	d by	01								240 18/04	s an autopsy	24h W	ara autopsy findings
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of Vital Records,	ician: Th certificate rector, pe	Be	25. Was case refarred to medical exeminer?	Hospitel:				0	bra a		h (Check only			
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	or Attending Phy efter death. Director: After thi in by the funeral	Certification:	1 Natural 5 □ Panding		Dey Yeer)	b. Tima of Injury		c. Inju			28d. Describe	how Injury occ	urrea	
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<u>&gt;</u>	or A Sirec in by	TT.	4 Homicida datarminad		Injury - At homa atc. (Spacify)	i, tarm, stra	aat, factory,	offica				(Street and Nur own, Steta)	n <i>ber</i> or Hun	al Routa Number,
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certific completely filled in by the funeral director.	1 - 1	29a. Cartifiar Certifying Ph											
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			30. Name end eddrass of person who	completed cause o	of deeth (Item 23	a) (Type, I	Print)		) AA 2		- /			
			D. V. Faustino, 31. Dete filed (Month, Day, Yaar)	11. D. PC	100x690	5 Hai	mpste	200	1,11d	210%	/4			
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Com	V	U	$\mathbf{v}$	

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Harry S. Callain 16:00 Harry Steele Calain Ausast /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Maryland Medical Systems

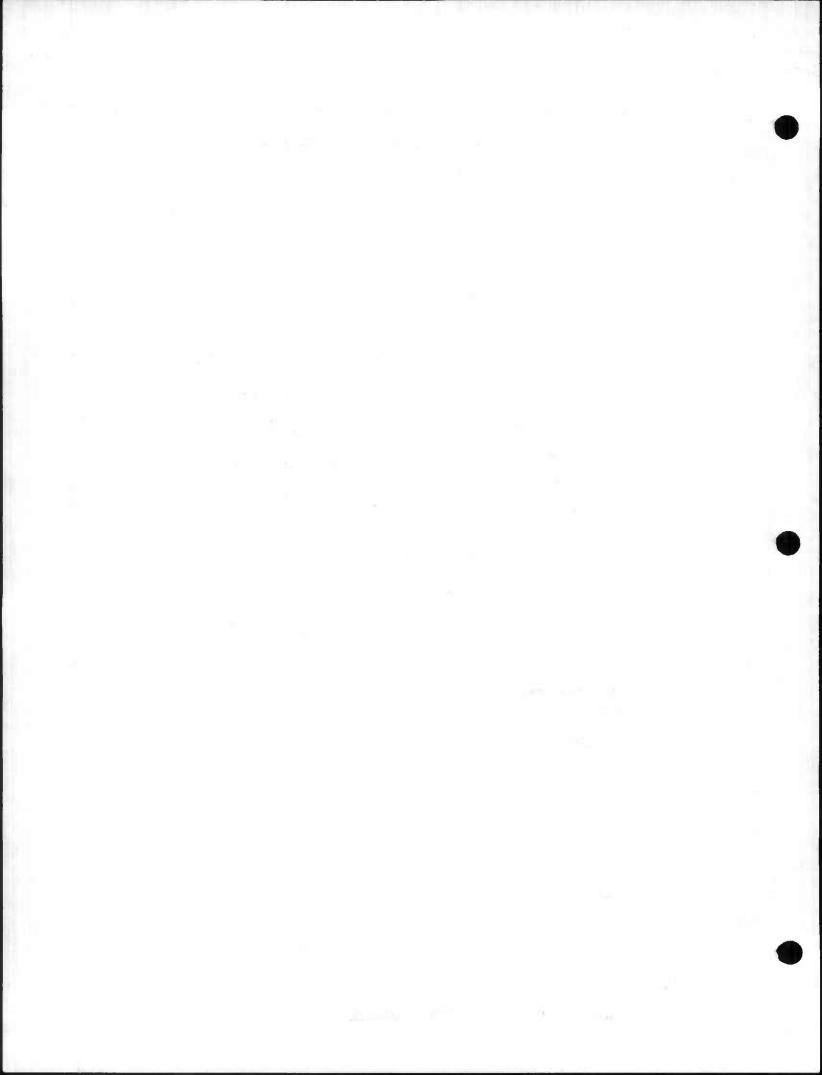
6. Sex 7. Age (In yrs. lest birthday) of Baltimore Baltimore University If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** Months Deys 1.2 M 2□ F 235-38-4896 Director Virginia May11,1928 West Usuel Residence of Dacedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-4 show the Medical Examiner must be notified at Washington 1 ☐ Yas 2 ☑ No Hagerstown Director 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? Peges 1 end 2 should be filed within 72 hours after deeth with 1 and of Health end Mental Hygiene. Internally file marked other than "natural", or filems 23a or it was or other traumatic event, in a Medical Estation man 11918 Indian Lane U.S.A. Funeral 12. Wes Decedent Evar In U.S.
Argued Forces?
1 Di Yes 2 Do
If Yes, Give Year or Detes: 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Be Completed 15. Decedent's Education (Specify only highast grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Safety Director Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nema (First, Middle, Meiden Surneme) Elmen Calain Janette 2 Tingler 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) L. Calain (Wife) Lois 11918 Indian Ln. Hagenstown, Md. 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Aug. 9, permit. Peges Department of Important: If It any Injury or o Donation 5 Other (Specify) Smithsburg Crematory 21. Signature of Funeral Service L 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 23a. Pert 1. Enter the disease, or commiscations that caused the deeth. Do not enter the moda of dying, such as cardiac or raspiretory arrest, shock, or heert feilure. List only one ceuse on each line. **Physician** /Medical Immediete Causa (Final diseese or condition resulting in death) necrotic Examiner Due to (or es e consequance of): Physician/Medical Examiner Seps15 sician end buriei-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In deeth) Last infected abdominal writic aneurysm graft Division of Vital Records, P.O. Box 68760, physician s the bune Due to (or as a consequenca of) Pert II. Other significant conditions confributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributs to the caues of death? 1 Yas 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings available prior to completion of causa of death? 24a. Was an europsy performed? 24 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient Medical Certification: To 2 ER/Outpetient 3 DOA this 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Netural within 24 hours after deeth. To the Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and piece, end due to the ceuse(s) end menner steted. To the 29b. Signature and title of certifier. 29c. Licansa number 29d. Data signed (Month, Day, Year) P10353 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Donglas N. Minjah 22 South Greene Street, Baltimore, Maryland 21201

32. Register's Signature

Fulia Davidson

AUG 1 1 1997

State



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 25602

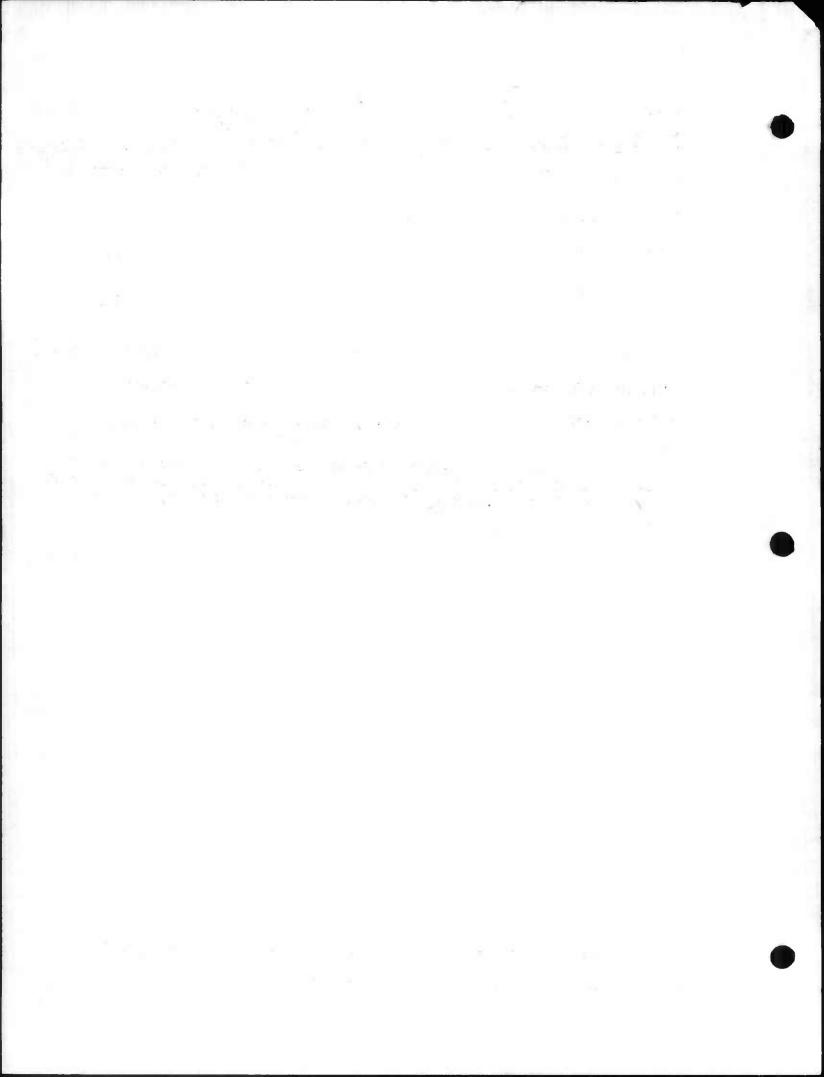
						Ce	rtificate	e of	Death			Reg.	No.		
	Dhool	lor	1. Decedant's Name (First, Middle								2. Data of Do	aath	Day	Year	3. Tima of Deeth
	Physic Medi/		Roy Kenneth CRI	LLY							August				9:25 PM
	Exami		4a. Facility Neme (If not Institution,	112							ocation of Dea	h	4c. County		
			Washington Cour	ity Hospi	tal						town		Wa	shing	ton
	Funeral Director		5. Sociel Security Number 219-20-3902  Usual Rasidance of Dacedant	6. Sax 1☑ M 2□ F	7. Age (In yrs. Ie	ast birthday) Yrs.	If Under Months	1 Yee Days		24 Hrs. Min.	8. Date of Bi (Month, D May 31	ay, Ye	928		laca (Stata or Foreign try) 'yland
	/land		10a. Stata 10b. County		10c. City	, Town or Lo	ocation							10	0d. Insida City Limits
	Men	to	Maryland Wash	ington		Hager	stown								1 ☐ Yas 2 ☒ No
	or 28	irec	10e. Street and Number				10f. Zip	Coda				10g.	Citizen of	What Coun	try?
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lar	D 20 00	ToB	William Gotlib	e Crilly	,				En	nma 1	Mae Ree	d			
any	SPET	-	19a. Informant's Name/Raiationsh	ip (Type, Print)		19b. Maili	ng Addrass	(Stree	and Numb	er or Rui	ral Routa Numi	er, C	ity or Town	, State, Zip	Code)
	1 and 2 Heelth e em 27 le		Geraldine Crill	y - wife		136	Plant	ati	on Dr.	, H	agersto	wn	Mar	yland	21740
Baltimore,	8 5 2 0		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation	2 DRamouel from	C0	ece of Dispo			aca)		Data	200	. Location	- City or To	wn, Stata
Ĕ	Pag ment ant: I		4 Donation 5 Other (Sp			st Ha	ven C	eme	tery	8-	12-97	Ha	agers	town,	Maryland
alt	permit. Page Department of Important: If any Injury or once.		21. Signature of Funaral Sarvice L	icensee		2:	2. Nama en	d Add	ress of Fecili	ty M	INNICH	FUI	VERAL	HOME	
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			23a. Part1. Entar tha disaasa, or o shock, or haart failura. List o	complications that	caused tha death.	Do not an	ar tha mod	e of dy	ring, such as	cardiac	or raspiratory	arrest,			Approximata Interval Batween
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n of	g Ph		27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data	of Injury oth, Day Year)	28b. Tima o Injury	2	8c. Inje	ury at		28d. Describe	how	njury occu	rred	
Division	or Attending Fefer death. Director: After In by the funer	Certification:	2 ☐ Accident invastige	ation	m, buy roury	injury	M		Yas 2	No					
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	tal or rs effe al Dir	Ce			, (-,,								,		
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			- Clurcul	w Di,	Hour			DO	1062			lug	ust 1	1,199	7
			30. Nama and addrass of person w	no complated cau	sa of daath (Itam	23a) (Type,	Print)								
			Edward W. Ditto				Wash	ing	gton S	t.	Hagei	st	own,	MD	21740
	Sta		31. Data filed (Month, Day, Year)	7 32	Registrer's Signetu	ıra 😘									
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				Otato of me	ary raina 7 i	Certificate of			a. No.	23003			
г	Dhunia!		1. Decedent's Name (First, Middle, La	st)		1	6	2. Dete of Deeth		3. Time of Deeth			
Physic /Med			William	K		DAVI	15	August	// /	997 21.06			
	Examir		4a. Facility Name (If not institution, give	e street and nymber)	1 11	11	4b. City, Town, of Lor	cation of Death	4c. County of	Death			
			Douthern M	MexHNO	Hesp	Thday If Undar 1 Yaer	IIN MA	/	MINL	e Georges			
	Funeral Director		5. Social Sacurity Number 23 2 30 5746  Usuel Residence of Decedent	X 2DF	(In yrs. lest bit	Yrs. Months Days	If Undar 24 Hrs. Hours Min.	8. Dete of Birth NOV 3,	[924 N	Birthpleca (Stete or Greign North) Carolina			
	Mon		10a. Stete 10b. County		10c. City, Tow					10d. Inside City Limits			
	Mer Mer	tor	MD P.G.		Templ	e Hills,				1 ☐ Yes XZNo			
	th with the 23a or 28	al Director	10e. Street and Number 4913 Taft Road			10f. Zip Code 2074	8		g. Citizen of Wh				
020	hours effer death with the Meryland turet, or items 23s or 28s-f show at Examinet must be notified at	by Funeral	11. Meritel Stetus  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant E Armed Forces? 172 Yas 2 N If Yas, Giva Yeer or Detes:		13. Was Decedent of Hif Yas, specify Cube 1 ☐ Yes 2 ☑ No		cify Yas or No- Ricen, atc.)		Amarican Indien, White, etc. nite			
5-0	22 ag ag	Completed	15. Decedent's E	ducation ide com <i>pleted)</i>	16a.	Decedent's Usuel Occup (Give kind of work done life. DO NOT use retired	etion during most of working	16	6b. Kind of Busin	ness/Industry			
d 21215-0020	within jiene. Then	Idm	Elementery/Secondary (0-12)	College (1-4or 5-	+)	Tife. DO NOT use retired Electrician	d)		nastal I	Electric Co.			
	be filed had hygie d other i		9 th 17. Fether's Neme (First, Middle, Last		1	Hectitcian	18. Mother's Neme			arcourage co.			
lan	Mental Mental arked o	To Be	William Rufus D						ouise Johnson to Number, City or Town, Stata, Zip Coda)				
Maryland	should and Men marks umarks	۲	19e. tnforment's Neme/Reletionship (	Type, Print)	196	. Meiling Address (Street	end Number or Rura	l Route Number, (					
	d d d d d d d d d d d d d d d d d d d		Helen E. Davis			4913 Taft R	load, Tempi	le Hills	s, Md 20748				
ore	-155		20e. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐	Removal from State	20b. Plece o cemata	f Disposition (Neme of ry, crematory or other plea	ceAug 14,	1997 20	Oc. Location - Ci	ty or Town, State			
Ë	Pa Tit		4 Donetion 5 Other (Specif		Maryli	nd Veterans	Cemetery		Chelten	nam, Md			
Baltimore,	permit. Departrimportri		21. Signature of Funeral Service Light	Da.J	laff		ess of Facility Lee			nc 6633 Old 20735			
c			23e. Peri Enter tha disease, or com show or heert feilura. List only	plicetions that church	the death. Do	not enter the mode of dylr				Approximate Intervel Between			
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1	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	· Mu	14:3	yst ems	Failu	re		7 days			
		lner	resulting in deedily	5	Due to (or as a	consequence of):	1515			7 days.			
,00	ficate be executed g physician and as the bunel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	G	acute Liver Decomposation 10 days								
68760,	hysic the b	edical	that initieted events resulting in death) Last	c	Justo (or es a	consequence of):							
Box 6	E 00 6	Physician/Me	·	d	Mrs	me U/c	m		20-30 years				
	the deeth cei y the attendin ached for use	sici	Pert II. Other significant conditions of	ontributing to death bu	t not rasulting is	n the underlying cause giv	ven in Pert I.	23b. Dld tob	acco use contr	bute to the cause of death?			
P.0.	d by t	Phy	(marin	Unteres	Dis	e1 x1. 11117	<del>L</del>	1 Tyes	2 ☑ No 3	☐ Probably 4 ☐ Unknown			
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n of	ng Phys ter this neral di	:uc	27. Manner of Death  1 ☑ Neturel 5 ☐ Pending	28e. Dete of tnjun (Month, Dey	Year) 28b.	Fime of 28c. Injur		28d. Dascribe how					
Sio	endir beth. br: Af	ath	2 ☐ Accident investigation	)	M 1 ☐ Yes 2 ☐				□No				
Division	al or Attendi s after deeth. Il Director: A ed in by the f	Certification:	3 Sulcide 6 Could not b 4 Homicide determined	28a. Place of Inju building, etc.	ry - At homa, fa . <i>(Specify)</i>	rm, street, fectory, office		cation (Street and Number or Rural Routa Number, y or Town, Stete)					
	To the Mospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edical (	29a. Certifier (Check only one)	ystcian: To the best of ntner: On the basis of end mannar stat	examinetion en	o, deeth occurred at the tin d/or investigation, in my o	ne, dete end piece, e pinion, deeth occurre	and due to the cau ad at the time, dete	sa(s) and mann e and place, and	er as steted. I due to the cause(s)			
	To the within To the comp	W	29b. Signatura end title of certifier	Farsen	nmi	29c. Licens	2237	290	Date signed (	Yonth, Day, Year)			
			30. Name end eddress of person who	completed cause of de	eth (Item 23a)	(Type, Print)	PTOD.	#7./L	Jash V	ND 20 741			
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Ragistra		-	1 /200	. 100	/ . /	· y , , , y			
	Registr		AUG1 3 19	97 Juli	divoler	Rarball							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 25604 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** John Elliott, Jr. Langrall 6, 1997 August 10:30 PM /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Charlotte Hall Veterans Home St. Mary's Charlotte Hall 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1⊠M 2□ F Months Days Hours Yrs. 220-10-6542 76 Maryland Usual Residence of Decedent 10a. State 10b. County 10c, City, Town or Location 10d. Inside City Limits Director Maryland Dorchester 1 ☐ Yes 2\Q\No Crocheron 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2836 Crocheron Road 21627 US 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: WW II Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: White Completed by 3 X Widowed 4 □ Divorced 16a. Decedent's Usuat Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Waterman Seafood 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be John Langrall Elliott, Sr. Chapon Bloodsworth 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) D. Steve Elliott 10715 Cleos Court Columbia, Maryland 21044 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Marial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Dorchester Memorial Park 8/10/97 Cambridge, Maryland 5 Other (Specify) 21. Signature of F neral Service Licent 22. Name end Address of Facility Thomas Funeral Home, P.A. 23a. Part Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximate Approximate Intervel Between Onset and Death Delydration Immediate Cause (Final 1 Week disease or condition resulting in death) Physician/Medical Examiner 4 Years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 3 Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to Be Completed 24a. Was an eutopsy completion of cause of death? 1 Tyes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 Natural 1 Yes 2 Accident 6 Coutd not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 12 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 045365 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Michael Sidarous 11701 Livingstone RD Suite 101 Ft. Washington, Maryland 20744

Registrar

**Funeral** 

Director

28a-f show

6

"natural", or items 23a

permit. Pegas 1 and 2 should be filed within 72 hours aftar to Department of Haalth and Mental Hygiene. Important: if item 27 is marked other than "natural", or the lamportant: if item 27 is marked other than "natural", or the any injury or other traumatic event, the Medical Examines any injury or other traumatic event, the Medical Examines DODEs.

Physician

/Medical

**Examiner** 

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The law raquires that the death certificate be executed

Box 68760.

P.O.

Records,

of Vital

Division

or Attending Physician:

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Aftar

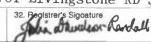
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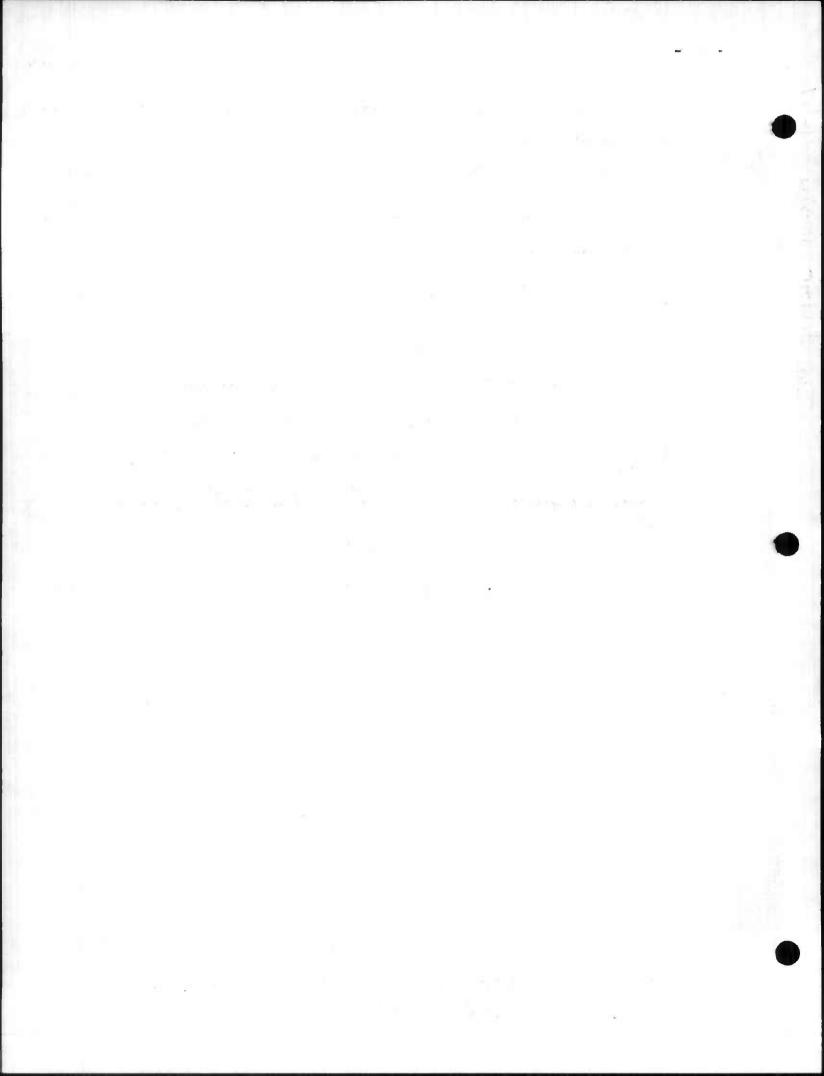
altimore, Maryland 21215-0020

daath with the Maryland

AUG 1 2 1997

31. Date fited (Month, Day, Year)





#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25605

	/Med Exami	ine
F D	unera irector	
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permit. Pages 1 end 2 should be filed within 72 houn Department of Health and Mental Hygiene. Important: If item 27 ia marked other than "natural," any injury or other traumatic event, the Medical Expension of the contra

Baltimore, Maryland 21215-0020

Physicia: /Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

ian	1. Decedent's Neme (First, Middle, L.	ast)							2. Dete of Dee Month	th Dey	Year	3. Tima of Deeth	
cal -	Jeanna Lee EAVEY								AUGUST	10,199		8:10 P	
er	4a. Facility Nema (If not institution, gi	va street and numb	er)			41			ocation of Death	4c. County	of Deeth		
	U.S. 40 WEST  5. Social Security Number  6.	Sav 7	Ann (In um lant hi	irth day)	If Under 1 Y	ear	If Under	_	town 8. Deta of Birth	WASH			
								Min.	(Month, Day  July 2	, Year)		placa (State or Fore ntry) yland	
	10e. State 10b. County		10c. City, Tow	wn or Loc	ation							10d. Inside City Lin	
Ş	Maryland Wash	ington		Hage	erstow	n						1 🕱 Yes 2 🗆	
Director	10e. Street end Number		10f. Zip Co	de			1	IOg. Citizen of	What Cou	ntry?			
100	1114 Oak Hill Av					2	1740		USA				
by Funer	11. Marital Status  1 ☐ Never Married 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decede Armed Force 1 Tes 2 If Yes, Give Yeer or Date	9s? I <b>X</b> No	81	as Dacedent Yas, specify (	Cubar	spenic Ori n, Mexican Specify:	gin? (Spo , Puarto	ecify Yas or No- Rican, atc.)		ck, Whita,	a - American Indien, ck, Whita, etc. :: white	
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5	12 0 waitress									rest	aura	nt	
o Be	17. Fether's Neme (First, Middle, Last)  Glenn Stains  Mal									Maiden Sumen arre11	10)		
H  -	19e. Informent's Neme/Reletionship	(Type, Print)	int) 19b. Melling Addr				nd Numbe						
	19e. Informent's Neme/Reletionship (Type, Print)  19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)  1114 Oak Hill Ave., Hagerstown, Md. 21740												
1	20e. Method of Disposition		20b. Place of	of Disposi	ition (Neme o	of			Dete	20c. Location			
	Cemetery, cremetory or other place)  4 Donation 5 Other (Specify)  Cedar Lawn Memorial Park 8-14-97 Hagerstown, Marylan												
	21. Signature of Funeral Service Licensee 22. Nama and Address of Facility MINNICH FUNERAL HO												
	415 E. Wilson Blvd., Hagerstown, Md. 21740												
7	23a. Peri1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate Interval Batwa Onset and De disease or condition resulting in death)  Pure to (or es a consequence of):											Approximete	
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ပ္	XOXYas 2□ No	Hospital:	atient 2 ER/O	utpetient	3□ DOA	Othe	r: 4□ Nu	rsing Ho	me 5 Reside	ence XXOth	er (Speci	y) MVA	
ü	27. Menner of Deeth 1 ☐ Neturel 5 ☐ Pending	28a. Dete of I (Month,		Time of Injury		Injury Work	at ?		28d. Describe h	ow Injury occur	red		
cat	2.8 Accident investigatio	8 14	8-10-97 730 PM 1 Yes 22N						MIOTORCXCIE accident				
Certification:	3 Suicide 4 Homicide  8 Could not be determined  28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)  28f. Location (Sfreet City or Town, Street)										end Number or Rural Route Number, te) US 40 WEST		
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	29b. Signeture and title of certifiar	end menner	Steteu.		29c. Lic	ense	number		2	9d. Dete signe	d (Month.	Dev. Year)	
	Atyses	hV	lace	J.M	n					AUGUST			
3	30. Name and address of person who	completed cause of 2 adrnt	,			- 1	Ral+i	more	e, Maryl				
e s	31. Dete filed (Month, Dey, Year)	32. Regi	strar's Signeture			- 1	لاياتيني	INT	, ranty 1	.u.k. 212	LOT		
r	AUG 1 3 199	7 30	ia Davidson	Band	.00								

State of Maryland / Department of Health and Mental Hygiene 97 25606

						Ce	rtificate	e of	Death		Reg. No.				
100		1. Decedent's Nama (First,	Middla, La	st)						2. Dete of i	Deeth	V	3. Time of Death		
Phys /Me	ıcıan dical	SHIRLEY			FIDD	EMON	Month 08	O3	Yaar 97	1859					
	niner	4a. Fecility Nama (If not ins	itution, giv	e street and num	iber)				4b. City, Town, o		. 1	nty of Death	2000		
		PENINSULA RE	GION/				If Under 1	1 Vaar	SALISBU			OMICO			
Funer Direct		144-36-573	8	M 2∯F	7. Age (In yrs.	58 Yrs.		Deys	Hours Mir	. (Month,	Day, Year) 06-39	9. Birthi	placa (State or Foreign ntry)		
and *-		Usuei Rasidance of Daceda 10a. Stata 10b. C			10c. Cit	y, Town or Lo	ocation					1	10d. Inside City Limits		
eho da	5	and the second s	coma	clz		lanti						İ	1 ☑ Yas 2 ☐ No		
No N	Director	10e. Street and Number	COME	Ch	At	Tall									
h with t	JiO le	33033	W	nishart	Rd.		10f. Zip (	code 330	7		10g. Citizen	of What Cou	atry?		
deat mm 2	Funeral	11. Meritai Stetus		12. Was Deced	dent Ever in U.	S. 13.				Specify Yas or I		ece - Ameri			
Maryland Z1Z15-UUZU d 2 should be filed within 72 hours after death with the Maryland in and Mental Hyglene. T is marked other than "natural", or items 23e or 28=f ehow traumatic event, pre-leading Examiner man be notified at	p	1 Navar Married 2 3 Widowed 4 Div		Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates:		I,S. 13. Was Decedent of Hispanic Origin? (§ if Yes, specify Cuben, Maxican, Puari				no Hican, atc.)	Spe	lack, Whita,	ACK		
72 hours "netural", adjent Exp	Te de		edant's E			16a. Dece	dent's Usuel	Occup	etion	7.00	16b. Kind of	Business/In	dustry		
within 72 h within 72 h liene. r than "netu	Completed	Elemantary/Secondary (0		ide complated) Collega (1-	4or 5+)	(Giva	DO NOT use	e retire	etion during most of wi d)	orking					
d withinglene.	Ş	10					Factory				Sea	afood	food		
be filed tal Hyging of other	Be	17. Fether's Nema (First, M.	ddle, Last)								lla, Maidan Sum	ame)			
should be no marked o	To	Dave	Dave Fiddemon			Annie				e Harm	on				
Maryia 12 should I h and Meni 7 ie marke		19a. informant's Name/Rais				19b. Mailing Address (Street and No			and Number or F	Tural Routa Nun	nber, City or Tov	er, City or Town, Stata, Zip Co			
		Orlando Wi	ISP			100	10534 Hope		Cinal	Λ+·	lantic	Vo Z	3033		
other tre		20a. Method of Disposition		-		lace of Dispo	osition (Nami	a of		Data	20c. Locatio				
0 0 - 2		1X Burial 2 Crema			tata	•	matory or oth		00)						
Baltimo permit. Pege Department of Important: If any injury or	a)	4 ☐ Donation 5 ☐ Oth 21. Signature of Funeral Sa					ton 2. Na <i>m</i> a and		( m m	8-9-9	7 Mes	songo	, Va.		
/Medica Examine Huansit	_	Immediata Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying	ſ	ART	Dua to (o	r as a conse	quance of):	)TO/	/ASCULAR	DISEAS	E				
deeth certificate be executed eattending physician and ed for use as the burlel-transit	Medical	Causa (Disease or injury that initiated avents resulting in death) Last  Due to (or as a consequence of):													
deeth deeth e atte	Physician/	Part II. Other eignificant co	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i.								23b. Did tobacco use contribute to the cause of death				
that the de led by the s	h.	HYPERTENSION, SEIZURE DISORDER								1 ☐ Yee 2 ☐ No 3 ₺			bebly 4 Unknow		
0 58	by														
requii	Completed									es an autopsy normed?	av	fare autopsy findings vailable prior to omplation of causa death?			
The lev ate hes page 2	E									10	JYas 2□No	11	□Yas 2□ No		
vician: The certificate rector, pag	0	25. Was casa referred to me	dical						26 Place of D	eath (Check onl	-		2140 22.10		
Physician: this certific ral director,	ToB	axaminar? 1⊈ Yas 2 No		Hospital:	patient 2	ER/Outpatie	-1 25 DO	Oth	lor:		sidence 6 🗆 0	When (Const	4.1		
Phy Phy C		27. Mannar of Death		28a. Data of		28b. Tima o	- 43	_		7	e how injury occ		y)		
or Attending I after death. Director: After I in by the fune	Certification:	1 ZNatural 5 □ Panding (Month, Day Year) Injury Work? 2 □ Accidant investigation M 1 □ Yas 2 □ No													
al or At s after of in by	Certifi	determined 288, Place of Injury - At nome, ferm, streat, factory, office 261, L									f. Location (Street end Number or Rural Routa Number, City or Town, Stata)				
DIVISION  To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.	edicai	29a. Cartifiar 1 Cet (Check only 2 Med one)	tifying Ph IIcal Exan	yeiclan: To the b niner: On the bas and menne	sis of axaminat	wladga, daat ion end/or in	h occurred at vestigetion, i	t the tir in my c	ne, data and place pinion, daath occ	e, and dua to the urred at tha tim	na causa(s) and e, dete end plec	mannar as s e, and due t	itated. o the cause(s)		
To the Within 2 To the comple	ž	29b. Signature and title of or	rtifier				29c.	Licens	a number		29d. Data sig	ned (Month,	Day, Year)		
- >- 0		11 -	13		Λ.	D M P	DC	1250	20		00 04	07			
		30. Nama and address of pe	reon who	complated causa	of death /!!-	D.M.E		359	צי		08-04-	-91			
	5							10	CALTONI	77 MT 71	1001				
		JOHN T. BULK 31. Data filed (Month, Day,			IUS PII		FF KOA	י חד	PALISBU	XX MD 2.	TOOT				
Regi:	tate strar	AUG 1		17	hia Davido	on-Pano	lace								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

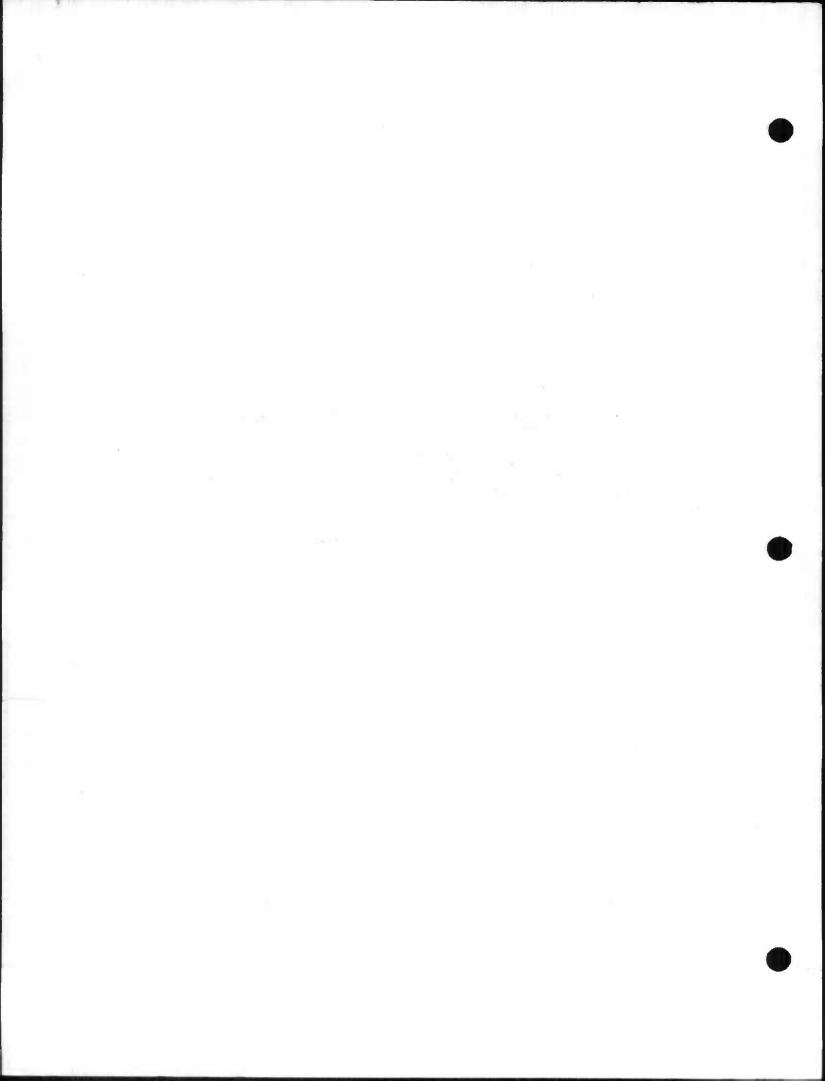
AUG 12 1997

												91	25601	
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT ICATE				MENTAI	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH					
	Ruby	G.		F	oote				Augu		2 1	997	4:15 A.M.M	
	4. SOCIAL SECURITY NUMBER	5. SEX				IF UNDER	24 HRS.	7. DATE (Mont)	OF BIRTH		6. BIRTH Countr	IPLACE (State or Foreign		
	253-12-0631	1 🗆 M 2 💢 F	YAS.	WOMINS	DATS	HOURS	willy.	Oct	. 28,1	918		eorgia		
2	9a. FACILITY NAME (If not institution, give st				9b. CITY		R LOCATIO		EATH		9c. COU	NTY OF D		
OR	Waterview Health	Care Cer	nter			Sa.	lisbu	ıry			omico			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		100 CIT	Y, TOWN C	OR LOCAT	ION					7	tod, INSIDE CITY	
E I	MD 100. COOKY	Wicomico		100, 011	i, lown c								LIMITS?	
	10e. STREET AND NUMBER	MICOUITE	)			_	alist		_		I 40 017		t VES 2 NO	
FUNERAL	304 Calvin	Dr				101		: 2180	/.		10g. C11	U.S.		
W.	11. MARITAL STATUS		T. 51/50 W. (10. 10)						<u> </u>					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARI YES 2 X N WAR OR DATES	MED		If yes, sp	ENDENT O	r, Maxica Specify	n, Pueno I	I? (Specify Ye Rican, etc.)	n or No—	Black	E — American Indian, k, White, atc. Hy: White	
0	15, DECEDENT'S EDUC	CATION			USUAL O			a de	16b	. KIND OF BU	SINESS/IN	DUSTRY		
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	1/50	Do NOT u	work done se retired.)	during mo	st of workin	g						
P	6		<i>'</i>	Hou	sewii	Ee					Own :	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, I	Middle, Maiden	Surname)			
BE C	Unkne	own								Unkn	own			
	19a, INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	S (Street a	nd Number	or Rural I	Route Numi	ber, City or Tow	rn, State, Zi	ip Code)		
٥	Helen Collins - daughter P.O. Box 2382 Salisbury, MD 21802													
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
	1   Burlei 2   Parametron 3   Removal from State   Cambridge Crematory   8-12-97   Cambridge, MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Bounds Funeral Hom 705 E.Main St. Salisbury, MD													
	22 Start Estate diameter	10,		oth De										
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate Interval Batween Caset and Doubt													
	IMMEDIATE CAUSE (Finel disease or condition	De	whit	Can	400	Cox	30	0	Nan	nous	_		40248	
	reaulting in death)	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									G		
-	disease or condition resulting in death)  a. Dight Come Corse Promount  DUE TO (OR AS A CONSEQUENCE OF):  CSPROME SPORGET COPO									comes				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										0			
AT														
Ĕ	CAUSE (Disease or Injury the Initiated events Due TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST	d.												
22				-										
¥	PART II. Other algnificant condition	s contributing to	deeth but not n	esulting	In the ur	nderlyln	g cause (	given in	Part I.	24a, WAS AP PERFO		24b	AMILABLE PRIOR TO	
8	707									1 TYES	No No		OF DEATH?	
M													1 - YES 2 - 40	
ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH Y	ES Z	NO [	] UNC	ERTAI	N 🗆					
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	26. PLAC	E OF DEA	TH (Check									
Si	1 Tes 2 No	HOSPITAL: 1   Inpetiant 2   ER/Outpetiant 3   DOA   A Inversing Home 5   Rasidence 8   Other (Specify)												
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF		28b. TIR	ME OF JURY	28c. JNJ	URY AT		28d. DE	SCRIBE HOW	INJURY O	CCURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Month, Day, Year) II				YES 2	NO				•		
	3 Suicide 8 Could not be	28a. PLACE (	F INJURY At ho	ma, farm,	atreet, fac	tory, offic	n		201. LOC	ATION (Street or Town, State	and Numbe	er or Rural I	Route Number,	
	4 Homicide datermined	bunuing.	building, atc. (Specify)							or iown, State	,			
COMPLETED	29a. CERTIFIER CERTIFYING PHYS	JCIAN: To the best o	my knowledge de	ath occur	red at the t	time, date	and place	and due	to the ca	use(s) and me	Oner an ab	eted.		
M	anal .												a) and manner as stated,	
	29b. SIGNATURE AND TITLE OF CERTIFIE													
BE	STATE OF CENTIFIE	des					ZVC. LICI	ENSE NUI	MBER 980	7	29d. DA	SIGNED	(Month, Bay, Year)	
2	30, NAME AND ADDRESS OF PERSON WH		The same of the sa	97) (Fm	e Print)	,	-		00			011	4./	

29c. LICENSE NUMBER

0 39813 29d. DATE SIGNED (Month, Day, Year)

& (2/9) 2(804



25608 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day 1997 August 8 **Physician** 3:50 PM MARY MAGDALENE WILLIAMS GRANTON /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Physicians Memorial Hospital LaPlata Charles If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Str. Country) APRIL 17,1919 MARYLAND 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10 M 2XF Months 579-58-8791 **Director** 78 Usual Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at XXYas 2 No Director MARYLAND CHARLES WALDORF 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 234 1144 B HERITAGE PLACE 20602 UNITED STATES death Funeral Items 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas XXNo If Yas, Give Was Dacedant of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, 11. Marital Status permit. Pagas 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic avent, the Medical Exemples. Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ 3 X Widowed 4 Divorced BLACK Yaar or Datas Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Coliaga (1-4or 5+) 12TH GRADE MAID PRIVATE 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be SYLVESTER WILLIAMS JULIA DUNMORE WILLIAMS 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) AUDREY M. DYSON / NIECE 3314 KITCHEN COURT, WALDORF, MARYLAND 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) ARLINGTON NATIONAL CEM. 8/14/97 ARLINGTON, VIRGINIA 21. Spiritura of Fuharal Service Lormon 22. Nama and Addrass of Facility
THORNTON FUNERAL HOME, P.A. DIA C. THORNTON JOHN ON MO0583 3439 LIVINGSTON ROAD, INDIAN HEAD, MD. 20640 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner attanding physician and for use as the burial-transit The law requires that the daath certificate be axecuted Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated avants rasulting in deeth) Last Box 68760. Dua to (or as a consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No JULL by should s 24a. Wes en autopsy performed? 24b. Were autopsy lindings available prior to completion of cause of death? Completed page 2 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa raiarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Naturai 5 Panding Invastigation 1 Yas 2 No 24 hours aftar death. 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicida 28a. Place of Injury - At homa, farm, straat, lactory, offica building, atc. (Specify) filled in by 4 Homicide tale Certifying Physician: To the best of my knowledga, daath occurred at the time, deta and placa, and dua to tha ceusa(s) and mannar as stated.

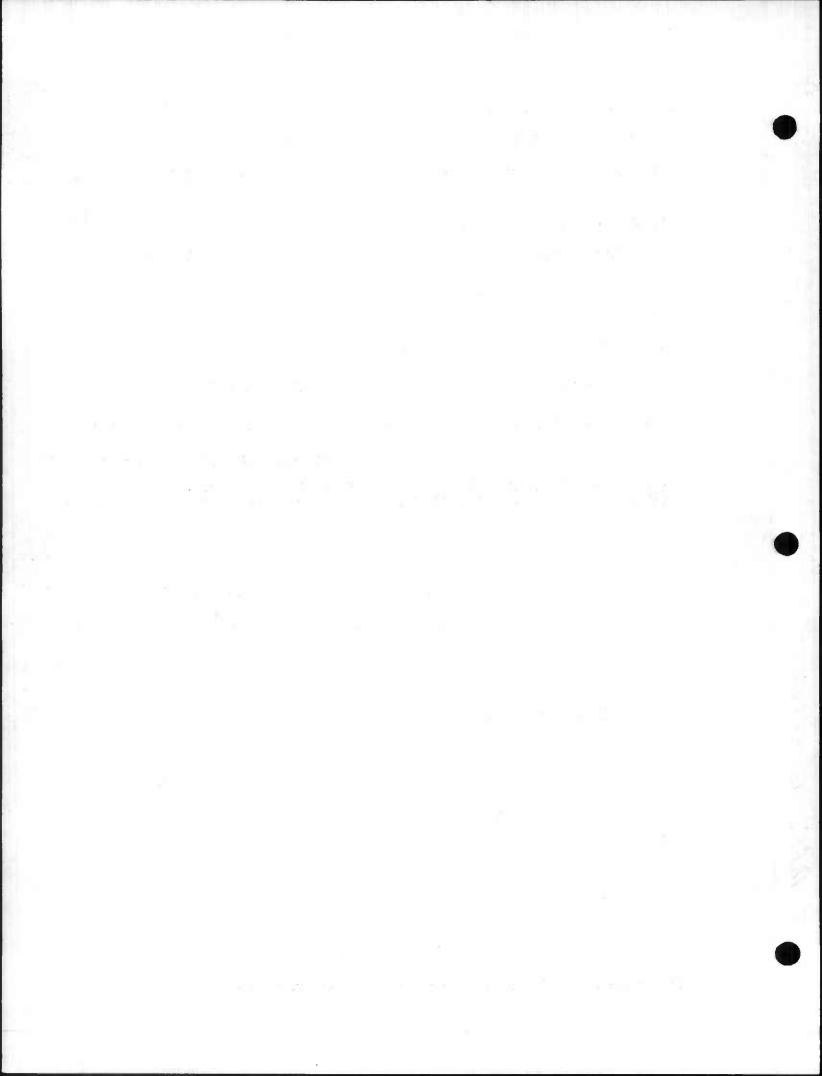
2 Medical Exeminer: On tha basis of examination and/or investigation, in my opinion, daath occurred at the time, deta and place, and dua to the cause(s) and mannar stated. 29e. Certifier To the Hosp within 24 hor To the Fune completaly fi (Check only one) 29c. Licansa numbar 29b. Signatura and titla of cartiliar 29d. Data signad (Month, Day, Year)

State Registrar

31. Data filad (Month, Day, Year)

30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

Niran Sharma, MD 11345 Pembrooke Square, Suite 104, Waldorf, MD 20603 32. Pugistrar's Signatura Win Shucker Randall



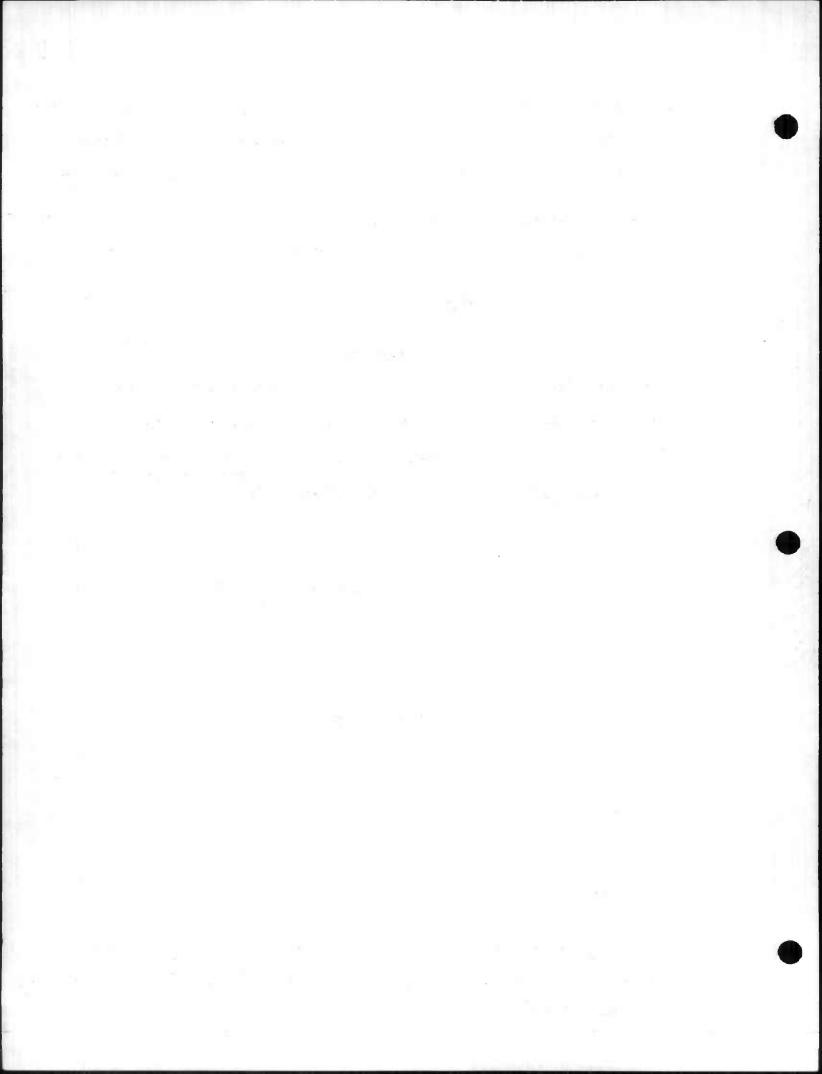
State of Maryland / Department of Health and Mental Hygiene

25609

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month **Physician** Augus 1 John William GEOGHEGAN 0624 4 /Medical 4e. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number If Under 1 Yaar 7. Age (In vrs. last birthdev) Birthplace (Steta or Foreign Country) **Funeral** 1⊠M 2□ F Days 143-10-8667 Yrs. Director 81 April 9, 1916 New Jersey Usual Rasidence of Decedent 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ns 23a or 28a-f shov 1 Yes 2000 Director Maryland Washington Boonsboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8507 Mapleville Road 21713 USA Funeral Items 12. Was Decedent Ever in U.S. Armed Forces?

1 🖾 Yes 2 🗆 No If Yas, Give Year or Dates: 1945 Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 7 is marked other than "natural", or iten traumatic event, tre Medical Examiner filed within 72 hours after 1 Never Married 2 Married 1 Yas 2 No Specify: by Specify: 3 Widowed 4 Divorced white Completed 15. Decadent's Education (Specify only highest grade complated) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry other than " Elementary/Secondary (0-12) College (1-4or 5+) utility supervisor Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be end 2 should be Heelth and Mentel em 27 is marked o John Joseph Geoghegan Janet Alberta Hakstege 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Depertment of Health s important: If Item 27 is eny Injury or other tra Janis R. Geoghegan – wife 8507 Mapleville Rd., Boonsboro, Md. 21713 Baltimore, 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlel 2 ☐ Cramation 3 ☐ Removal from State Rest Haven Cemetery 8-8-97 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown, Maryland 21. Signature of Funeral Sarvice Licensee 22. Name end Address of Facility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Pert1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final eymonis disease or condition resulting in death) Examiner Examiner the death certificete be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last end Physician/Medical Due to (or es a consequence of): been signed by the e should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yas 2 No The law requires that Records, à Completed 24b. Were autopsy findings aveilable prior to 24a. Was en eutopsy performed? completion of causa of death? certificate has 1 Yes 2 LANG 1 Yes 2 INT Division of Vital Attending Physician: Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) Certification: To 1 Yes 2 No 1 □ poatient 2 □ ER/Outpatient 3 □ DOA this 27. Manner of Death Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation 1 DNatural death. 1 ☐ Yes 2 ☐ No 2 Accident s efter death 6 Could not be 3 Suicide 28a. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stete) filled in by determined 4 Homicide 6 within 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha causa(s) end manner as steted.

2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner steted. Medicai 29a. Certifier the th 29b. Signature end title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) MO-12821-OAKHIL AVE. HAGERSTONN-MO HBOUL WATERD 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature Julia Davidson AUG U 6 1997 Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene 2 5 6 1 0

				Certificate	of Death		Reg. No.		
Phys	sicia	ın	Decedent's Neme (First, Middle, Last)			2. Dete of De Month	Dey	Year	3. Time of Deeth
/Me	edica	al		nry	4b. City, Town, or	y Leasting of Door	13	97	11/pm
Exa	mine	er	4e. Facility Neme (If not institution, give street and number)						
	1		Caroline Nursing Home, Inc.  5. Sociel Security Number   6. Sex   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In present the security Number   7. Age (In yrs. In yrs. In yrs. In present the security Number   7. Age (In yrs. In	est birthday) If Under 1	Year   If Under 24 Hrs.			Carol	
Fune Direct			068-34-6539 1□M 25F 86	Months	Deys Hours Min.	8. Date of Bi (Month, Da July 2	ay, Year)	Ohic	lace (State or Foreign
_			Usual Residence of Decedent			Duly 2	1 1311	Onic	
lerylan ehow			10e. Stete 10b. County 10c. City	, Town or Location				1	Od. Inside City Limits
e Me		cto	Maryland Caroline De	enton					1 ☐ Yes 2√ No
or 28		Director	10e. Street and Number	10f. Zlp C	ode		10g. Citizen of	What Coun	itry?
23a			24670 Pealiquor Road	2162	29		United	State	s
filed within 72 hours after death with the Meryland Hygiene. Hygiene. Whysiene natural, or items 23a or 28a4 ehow mit, the Monical Example must be notified a		Funeral	11. Merital Stetus 12. Wes Decedent Ever in U,8 Armed Forces?	S. 13. Wes Deceder	nt of Hispanic Origin? (S y Cuben, Mexican, Puert	pecify Yes or No o Rican, etc.)		ck, White,	
s afte		by Fi	1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 🖾 No If Yes, Give 3 ☒ Model 4 ☐ Divorced Yes or Detes:	1 □ Yes 2j	No Specify:		Specil	y: .	
hour land		D D		480 December 11 and	Occupation			casia	
d within 72 hours af giene. rr than "natural", or		Completed	15. Decedent's Education (Specify only highest grade completed)	(Give kind of work life. DO NOT use	Occupetion done during most of wor retired)	king	16b. Kind of B	usiness/inc	dustry
with iene.		E	Elementary/Secondery (0-12) College (1-4or 5+) 12	Homema			Home		
Hyg other		Be C	17. Fether's Neme (First, Middle, Last)	TOMETR	18. Mother's Ner	ne (First, Middle			
2 should be filed with and Mental Hygiene. is marked other than sumatic event, the M		ToB	Herman Carl Meyer		Mar	Barra	ass		
d 2 should be flie th and Mental Hy 7 is marked oth traumatic event			19e. Informant's Neme/Reletionship (Type, Print)	19b. Mailing Address (	Street and Number or Ru	iral Route Numb	er, City or Town	, Stete, Zip	Code)
05 N 5			Mildred Reardon Daughter	24670 Peali	iquor Road,	Denton	Maryla	nd 21	629
00			20a. Method of Disposition  1 ☐XBuriei 2 ☐ Cremetion 3 ☐ Remove if rom Stete	eca of Disposition (Neme emetery, cremetory or oth	of er plece)	Dete	20c. Location	- City or To	wn, Stete
Pages ment of I ant: If Its				stfield Ceme	etery	3/18/97	Westfie	1d, N	lew York
permit. Pag Department Important: If	once.		21. Signature of Funeral Service Licensee		Address of Fecility				
205	a		( Kandspy (1100re)		Funeral Home th Second S		Denton.	Maryl	and 21620
filtrate be executed with a physician and as the burial-transit	er	edical Examiner	if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury c	es a consequenca of):  as e consequence of):  es e consequence of):	heart	sca	rse	3	Months YPS
that the death certificate be executed ed by the attending physician and deteched for use as the burlat-transit		Physician/Med	d	Iting iji the underlying cau	ise given in Part I.	23b. Did	tobacco use co	ontribute to	o the cause of deati
res that the signed by I be detect	١.	P	Diabetes Me	liters	>_1		Yes 2DNo	T	bebly 4 Unknow
The law requires ate hes been sign page 2 should be		Completed	Multisutarct	Leno	enlia		en autopsy ormed?	ave	ere autopsy findings elleble prior to mpletion of cause death?
				<u> </u>		10	Yes 2 No	10	Yes 20 No
Physician: The law requires the this certificate has been signed rai director, page 2 should be on	- 4	Be	25. Wes case referred to medical examiner?  1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Innetient 2 ☐ F		28. Place of Dec				
ang Ph. After thi		ation: To	27. Menner of Death  12 Neturel 5 Pending (Month, Dey Year)  2 Accident investigation	ER/Outpetient 3 DOA 28b. Time of Injury M	S. Injury at Work?  1 Yes 2 No		idence 8 Oth		γ)
를 들는		Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At hor building, etc. (Specify,	)		City or To	wn, State)		l Route Number,
To the Hospital within 24 hours To the Funeral completely filled		Medical	29e. Certifier (Check only one)  Certifying Physician: To the best of my know 2 ☐ Medical Examiner: On the bests of examinetione)  Medical Examiner: On the best of my know end menner steted.	on end/or investigetion, ir	n my opinion, deeth occu	, end due to the rred et the time,	dete end plece,	and due to	the cause(s)
S S S		-	29b. Signeture end title of certifier	29c. 1	License number	,	29d. Date signe	ed (Month,	Day, Year)
			Janes Jablos	110	75/6		0 19	1/	
			30. Neme and address of person who completed cause of deeth (item	23e) (Type, Print)	KT G	2 T	10 +		46
	24		31. Dete filed (Month, Day, Year) 32. Registrar's Signet	1/100	HEL X	- 1	CNU	00	100
: Regi	State		AUG 15 97 Gina Daydoo	n-Randall					

State of Maryland / Department of Health and Mental Hygiene 25611 Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Daath Month **Physician** PATRICIA WHALEN JENKINS. AUGUST 1997 3:35 PM /Medical 4a. Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** 2903 HAWKS HILL LANE KEEDYSVILLE WASHINGTON If Under 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Months 1□M 2XF Yrs Director 135-24-4574 66 MARCH 29,1931 PENNSYLVANIA Usual Rasidence of Decadant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show ortant: if Item 27 is marked other then "natural", or items 23a or 28a-f show injury or other traumatic event, the Modical Examinal must be notified at 1 ☐ Yes 2 No Director KEEDYSVILLE MARYLAND WASHINGTON 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 2903 HAWKS HILL LANE 21756 U.S.A. Funeral 12. Was Decedent Evar In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iten any injury or other traumatic award. 1 ☐ Yas 2 No If Yas, Give Yaar or Datas: 1 □ Navar Married 2 M Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify 3 ☐ Widowed 4 ☐ Divorcad WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maldan Sumame) Be WILLIAM MICHAEL WHALEN ALICE McCARTHY 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) JERRY V. JENKINS/SPOUSE 2903 HAWKS HILL LANE, KEEDYSVILLE, MARYLAND 21756 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Date 1 XBurial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) 8/13/97 CUMBERLAND, MARYLAND ROCKY GAP VETERANS CEM. 21. Signatura d Funaral Service Licensaa 22. Nama and Addrass of Facility 7606 Old National Pike Paul M. Dean BAST FUNERAL HOME Ra Boonsboro, Maryland 21713 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death **Physician** /Medical Immadiata Causa (Final Lung Conoce disaase or condition Examiner Examiner -transit Sequantially list conditions, if any, laeding to immadiate cause. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting In daath) Last and Due to (or as a consequence of): ettending physician a for use as the burial-P.O. Box 68760, The law requires that the death certificete be Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 be detect 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, p 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peen hes page 2 1 Yas 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital the Hospital or Attending Physician: hin 24 hours efter death. 25. Was casa raferred to medical Be 28. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Aasidance 8 Othar (Spacify) 1 Yas 2 No P 1 Inpatiant 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Mennar of Death Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Neturel 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident Director: 6 Could not ba datermined 3 Sulcida within 24 hours efter de To the Funeral Directo completely filled in by th Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 12 Certifying Physician: To the best of my knowladge, death occurred et the time, date and plece, end due to tha causa(s) and mannar as stated.
2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred et the time, deta and place, and due to the cause(s) and mannar stated. 29e. Certifier 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signad (Month, Dav. Yaar) D 41667 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) J. McCormails Medical Campus R4. Hegershum MO 277/2 11110

Registrar

State

31. Data filad (Month, Day, Year)

32. Registrar's Signetura

State of Maryland / Department of Health and Mental Hygiene

97 25612

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** VERNON KINNAMONT FRANCIS 4b. City, Town, or Location of Death 4c. County of Death 1997 /Medical 4a. Facility Name (If not Institution, give street and number) **Examiner** Washington Adventist Hospital Takoma Park Montgomery | Months | Days | Hours | Min. | B. Data of Birth (Month, Day, Year) | June | 15,1929 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 9. Birthplaca (State or Foreign **Funeral** 1XM 20 F Washington DC Yrs. Director 216-22-1349 68 Usuai Rasidance of Decedent 10a. State 10b. County 10c. City, Town or Location rai', or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland | Prince George's Capitol Heights 10e. Street and Number 10g. Citizen of What Country? 20743 U.S.A. 9414 Dogwood Park Street "naturel", or items 12. Was Dacedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. filed within 72 hours efter 1 Never Married 2 Married 1 XXes 2 No1951-Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: White þ Widowed 4 □ Divorced Yaar or Dates: 1953 Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT usa ratired) Prince George's Co. Pages 1 end 2 should be filed within nent of Health and Mental Hygiene. ant: If Item 27 Is merked other than ury or other traumatic event, the Me Elamentary/Secondary (0-12) College (1-4or 5+) Transportation Tech. Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surnama) Be Jacob Walter Kinnamont Martha Brown 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9410 Chestnut Park St. Capitol Heights, MD 20743 Norma G. Smith (Sister) 20b. Place of Disposition (Name of cametery, cremetory or other place) Aug. 8, 14997 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XX unial 2 Cremation 3 Removal from State permit. Page Depertment of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) Cheltenham, Maryland Maryland State Veterans Cem. 22. Name and Address of Facility Lee Funeral Home, Inc. 21. Signalura of Funeral Service Licensee 6633 Old Alexandria Ferry Rd Clinton, MD 20735 2 th 23a. Part1. Entar the disease, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one causa on each line. Approximata Intarval Between Onset and Death **Physician** Immediate Causa (Final disease or condition resulting In daath) /Medical Due to (or as a consaquence of): , PULMONARY EDEMA Examiner ACUTE, MASSIVE MYOCARDIAL DID TO CARDIAL INFARETION if or Attending Physician: The law requires thet the deeth certificate be executed a siter death.

I Director: After this certificate has been signed by the ettending physician and din by the funeral director, page 2 should be detached for use as the buriel-transit Sequantially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disaase or injury that initiated events rasulting in daath) Last Box 68760, ORONAMY ARTERY Physician/Medical Dua to (or as a consequance of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Septieemia with Enterococcus Faecelis 1 Yes 2 No 3 Probably 4 Onknown Records, casdiae Arrythmias 3 renal Insufficiency 24b. Ware autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 HCAGT Block-Right Bundle Beanch 5 Valvales AGET Discabe ODiabetes McIlitus 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was casa referred to medical examiner? 28. Placa of Daath (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 5 27. Manner of Death 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) filled in by 4 I Homicide To the Hospital o within 24 hours all To the Funeral DI completely filled in 1 Certifying Physician: To the best of my knowladga, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examinar: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner stated. 29a. Cartifier Medical (Check only one) 29b. Signature and title of cartifiar Marammed A. Mannan MD 29c. Licensa number 29d. Data signed (Month, Day, Year) AUGUST 6, 1997. 30. Nama and addrass of person who completed causa of death (liam 23a) (Type, Print)
Mohammed A. Mannan M.D. 3715 Rhode Island Ave. Box 58 Mt. Rainer MD 20712-2010

State Registrar 31. Date filed (Month, Day, Year)

AUG1 3 1997

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** 1997 6:00am Loma Davis Kohne August /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Friends Nursing Home Sandy Springs Montgomery

Birthplace (Stata or Foreign Country) 5. Social Security Number If Undar 1 Year 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days 1□ M 2□ F Yrs. 95 Director 213-22-3769 Feb. 15, 1902 West Virginia the Maryland 10a Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is merked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at MD 1 ☐ Yas 2 ☐ No Director Montgomery Sandy Springs 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Friends Retirement Community 21531 U.S.A.

14. Raca - American Indian,
Black, Whita, atc. Funeral 12. Was Dacedant Evar In U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 72 hours after 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: White 3 ₩idowed 4 Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decadant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 1 Department of Health and Mental hygiens. Important: If Item 27 is marked other than "n any injury or other traumatic event, to a Med Elemantary/Secondary (0-12) Collega (1-4or 5+) 6 Textile Spinner 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Albert T. Davis Martena Swiger 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mr. Harry F. Kohne, Jr. (son) 14044 Castlebar Dr., Glenwood, MD 20738
Data 20c. Location - City or Town, Stata 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 1 Burial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Crestlawn Mem. Gardens 8/12/97 Marriottsville, MD 22. Nama and Addrass of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195) 21. Signature of Funaral Sarvice Licenses > Grance Sykesville, MD 21784 (410)-795-1400 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onsat and Death **Physician** My occurrent Intares /Medical immediata Causa (Final diseasa or condition resulting in deeth) Examiner burial-transit Sequentielly list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or Injury that initiated events rasulting in daath) Last and Dua to (or as a consequence of). Box 68760 attending physician that the death certificate be Physician/Medical the Dua to (or as a consequance of): 8 Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by d 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24a. Was an autopsy performad? 24b. Wara autopsy findings available prior to complation of cause of death? Completed peen: has page 2 this cartificate 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completaly filled in by the funeral director, § 25. Was case rafarred to medical Be 26. Placa of Daath (Check only ona) exeminar? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 1 Yes 2 Other: 4 dursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) <sup>o</sup>L 27. Mannar of Baath 28a. Data of Injury (Month, Dey Year) Medical Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Pending invastigation 1 aturel 1 ☐ Yas 2 ☐ No € Accidant 3 Suicida 6 Could not be detarmined 28a. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide \*\*Cartifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner steted. 29a. Cartifiar 29b. Signatura and titla of cartifiar 29d. Data signed (Month, Day, Year) who complated cause of death (Item 23a) (Type, Print) laytons ville RL. Olney, MD. 2083Z 30. Nama and add

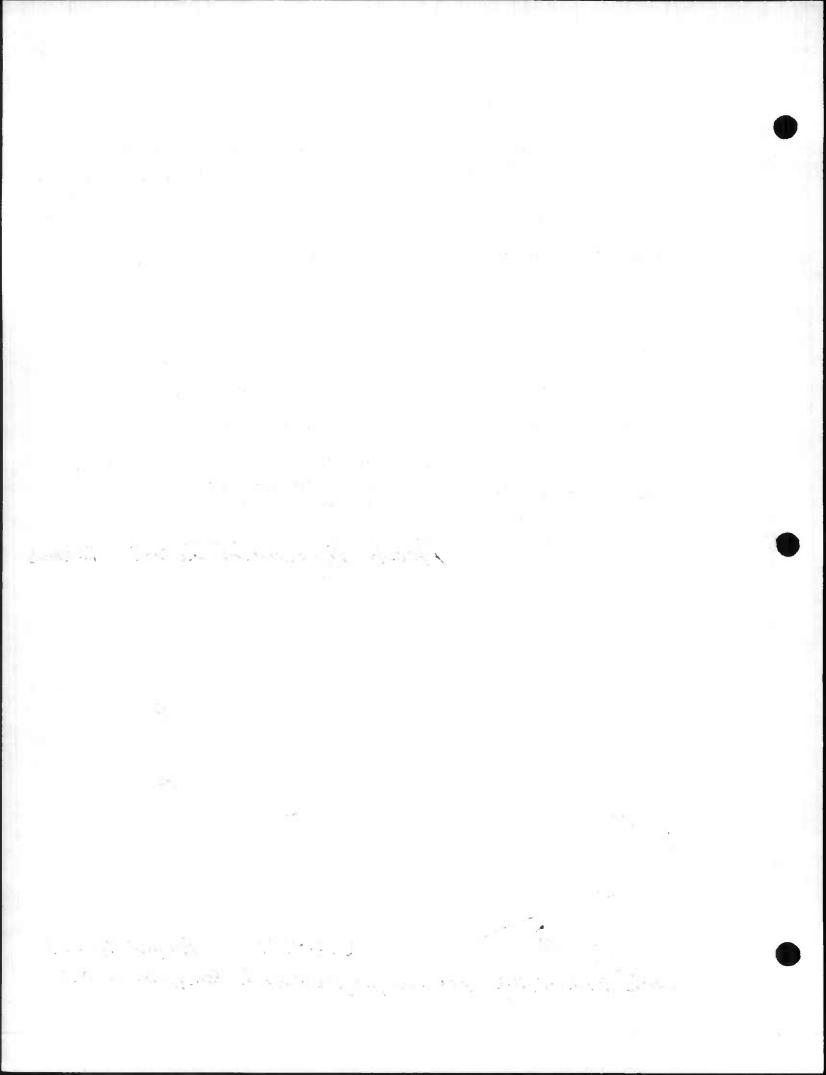
State Registrar Lewis Kellert, MD 4000 Olne
31. Data filed (Month, Day, Yaer)

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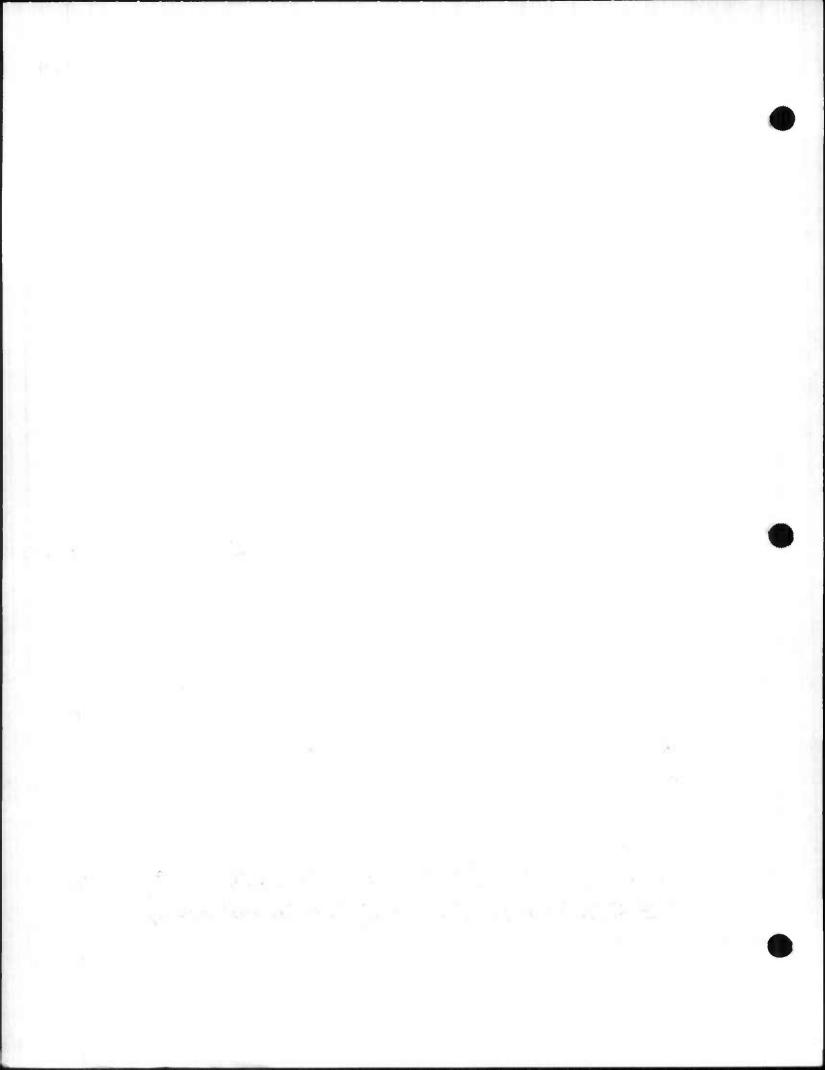
AUG 1 1997

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tal or aften	for use as		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hollene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
e retained b	5 should	notified	
ре 6 тау б	irector, pag	must be	
ir death. Pa	he funeral d	examine	L
nours afte	lled in by the	e medical	
ed within 24	ompletely fi	event, the	
be execut	ician and c	traumatic	
th certificati	ending phys Hydiene p	or other	
hat the dea	by the att	ny injury.	
v requires t	been signer t. of Health	shows a	
AN: The law	ificate has	r Item 23	
IG PHYSICI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal	marked, o	
R ATTENDI	RECTOR: Af	ım 28 is ı	
HOSPITAL 0	UNERAL DI	ANT: If Ite	
TO THE F	TO THE F	IMPORT	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATN			3. TIME OF DEATN
	Ruth Ann	n Kemp				Augr	st 6,		YEAR	12 Midnight
				INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH Day, Ybar)		B. BIRTH	PLACE (State or Foreign
	213-36-1808	1 D M 2 🔀 F	58 YRS. MON	THE DAYS	HOURS MIN.		ry 16,	1939		ryland
œ	Sa. FACILITY NAME (If not institution, give street	st and number)	9b.	CITY, TOWN OF	R LOCATION OF D	EATN		9c. COUNT	TY OF D	EATN
DIRECTOR	10401 Garland Road	1		Dent	on			Caro	line	9
3EC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION	ON					10d. INSIDE CITY
	Maryland Carol	ine	Der	nton						LIMITS?  1 YES 2 XNO
IAL	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZ	EN OF V	VNAT COUNTRY?
FUNERAL	10401 Garland Road				21629			Un	ite	d States
F	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO		NDENT OF NISPA			or No-	4. RACE Black	— American Indian, t, White, etc.
ВУ	32 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Speci	tty:			Speci	ly:
ED	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S USUA	AL OCCUPATION	4	16b.	KIND OF BU	SINESS/INDU		casian
E	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during mosi red.)	of working					
COMPLETED	10		Homemake	er			Но	me		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	iddle, Maiden	Surname)		
BE		elvin Henni						Dean		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD							
	William Lee Kemp	Son	J13 FT2		Street,		1	_	_	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	of from State come	stery, crematory or other pa	lace)	ne of	DATE		CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE A	nton Cemet		ADDRESS OF FA	ACILITY	.Ul Den	ton, 1	Mary	/Land
	1 Kaydolph	Un		Moore	Funera1	Home	, P.A			21629
-	23. PART i. Enter the diseases, or con	nolications that caused	the death. Do not a	12 Sou	th Seco	nd St	reet.	Dente	on.	Maryland
	snock, or neert fellure. Lie	t only one cause on ee	ch liñe.	inter the mou	o or dying, suc	on all colu	ec or respi	ratory arre-	ut,	Approximata interval Batween
	iMMEDIATE CAUSE (Finel disease or condition	DIAG	ETES	ME	1111	TIL				Onset and Death
ŀ	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF):	11/6	LL11	03				CIRONIC
z										
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
2	CAUSE (Disease or injury	DUE TO (OR AC A	CONSEQUENCE OF):							
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSCOUENCE OF):							
	d									
¥.	PART it. Other aignificent conditions of	ontributing to deeth bu	t not resulting in the	e underlying	ceuse given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						_	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
M						_				1 YES, 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			-						NIZ
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:		HER:	CE OF DEATH (C)					
ž	27. MANNER OF DEATN	□ Inpetiant 2 □ ER/Outpe  28a. DATE OF INJURY	26b. TIME OF		5 Rasidenca			NJURY OCCU	DEO	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	K? NO	200. DE30	MIDE NOW I	NJUNT OCCU	NED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY	At home, farm, street,			26f. LOCA	TION (Street a	and Number of	Rural A	oute Number,
TED	4 Homicide detarmined	building, etc. (Specif	y)			City o	Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHYSICIA	N: To the best of my knowle	dge, death occurred at 1	the time, data a	nd place, and due	to the caus	e(a) and mar	mer es eteted		
MO		On the beals of examination								and manner as stated.
	296 STENATURE AND TITLE OF CERTIFIER	020	11-00		29c. ĻICENSE NUI		,			(Month, Day, Year)
38 C	Cylinden 1	110 De	puly /1/1	t.	D/4	664	4	-au	2/	0,1997
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	TH (ITEM 27) (Type Print)	AX.	713-50	1 11	20	1108	5	
	CIEINENSEN	11111/10	BOX69	UDE	NITON	INI	de	62%	7	
	31. DATE FILED (Month, Day, Year)  ALIG 1 3 '97	32. REGISTRAR'S SIGNA	avidson-Rand	000						
	AUG 13 '97	1	- Inton and factor							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Sabira M. Kella

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the h	deta	000
6	2	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospit	TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he within 72 hours after death with the State Dent of Health and Mental Hydians neity to hursal committee or removed	IMPORTANT HIS SELECTION OF HEAD 23 shows any injury or other framestic exact the madrial eventual to another or
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within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fame within 70 hours after death with the State Dent of Health and Mental Honlane prior to hunal commission or removal	fuen
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31. DATE FILED (Month, Day, Year)

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Pages 1, 2, 3

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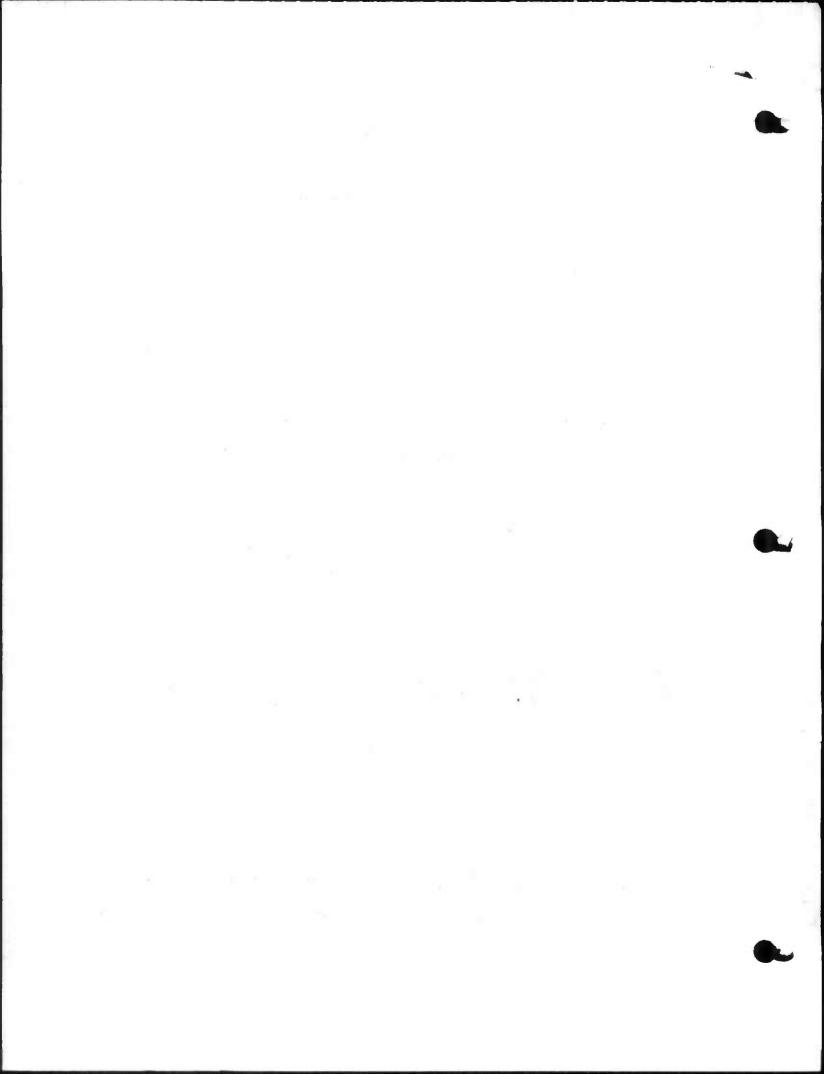
use as the burial-transit

al or attending physician.

1 - STATE OF MARYLAND / DEPARTMENT OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE DATE OF DEATH August 3:00P CAROLINE KELLEY **MINERVA** 4. SOCIAL SECURITY NUMBER 5 SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🐙 F 90 214-32-7469 D September 13,1906 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MANOKIN MANOR PRINCESS ANNE SOMERSET RESIDENCE OF DECEDEN 10a. STATE toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Wicomico Maryland Salisbury 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 1453 Pemberton Drive 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify BY Specify: 3 🔀 Widowed 4 🔲 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 11 Housewife Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname). Luther Macauley Muncaster Mary Slemor Willson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul Kelley/Son 1449 Pemberton Dr., Salisbury, MD 21804 20a, METHOD OF DISPOSITION

t Burlet 2 Cremetion 3 Removal from State 8 part /9 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 8/2/97 Parsons Cemetery Salisbury, MD 4 Donation 5 Dotter (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUIA if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART A Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO Fracture L. Thant 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES INO I UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Realdence 6 Other (Specify) 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 18 Natural 5 Pending 1 YES 2 NO BY Investigation Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 296 ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day Year) 2

5302 CHINABERRY DR., SALISBURY



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 2 5 6 1 6

			Certificate of Death	R	eg. No.	
	Discortes		1. Decedent's Nama (First, Middle, Last)	2. Data of Deat Month	th Day Yee	3. Time of Death
	Physici /Medi		John <b>B</b> . Linton	August	1, Day 1997 Yea	5:56 a.m.
	Examir		4a. Facility Name (If not institution, give street and number)  Edw. W. McCready Memorial Hospital  Crisfie		4c. County of De Somers	
	Funeral Director		5. Social Security Number  3. Social Security Number  3. Social Security Number  3. Social Security Number  4. Sax  1. Mage (In yrs. last birthday)  8. Yrs.  4. Months  1. Days  1. Hours  Min.  4. Win.	8. Data of Birth (Month, Day, 6-27-		tirthplace (State or Foreign Country)
	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show aumatic event, it a Medical Examinor must be notified a	ctor	Va. Accomach Temperanceville			10d. inside City Limits 1 PYes 2 □ No
	s 1 end 2 should be filed within 72 hours after death with the Maryle Health and Mental Hygiene. Health and Mental Hygiene. The marked other than "natural", or items 23a or 28a-f shooten 27 is marked other than "natural", or items be notified as	ai Director	30170 Church Street 23442	1	0g. Citizen of What	Country?
	er death w items 23a	Funeral	11. Maritai Status  12. Was Decedant Ever In U,S. Armed Forcas?  13. Was Decedent of Hispanic Origin? (Specify Cuban, Mexicen, Puerto	ecify Yas or No- Rican, atc.)	14. Race - Ar Black, W	nerican indian, hite, etc.
020	ours afte	by	1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates:		Specify:	ihite
21215-0020	in 72 hours n "natural",	Completed	15. Decedent's Education (Specify only highast grade completed) (Give kind of work done during most of work life. Do NOT use retired)	ing	16b. Kind of Busines	ss/Industry
	od with giene.	Com	Contractor		DRY Cla	eaners
Maryland	2 should be filed within and Mental Hygiene. Is marked other than raumetic event, it is M	To Be	17. Father's Name (First, Middle, Lest)  18. Mother's Name  Conni	e (First, Middle, I	Maiden Sumame)	
lary	2 shou and M is mar	-	19a. Informant's Name/Relationship (Type, Print)  19b. Meiling Address (Street and Number or Run			, Zip Code) 23442
	s 1 end of Health item 27 other tr		hatherine M. Linton/Wife 30170 Church St., P.C. 20b. Method of Disposition (Name of	), Box II	14 Tempera	
Baltimore,	permit. Pages 1 end: Department of Health Important: If Item 27 I any injury or other tr		1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)  Removal from State  Nelson Cemetery  8		ocomoKe	and the second second
Balt	permit. Page: Department of Important: If it any Injury or once.		21. Signature of Funeral Sarvice Licensee  22. Nama and Address of Facility Melson Funeral H	ome		
r	_		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or shock, or heart failure. List only one cause on each line.	or raspiratory arri	, Md. 21	Approximate interval Between
	Physician					Onset and Death
1	/Medicai Examiner		immediate Cause (Finel disease or condition resulting in death)  e	where		
	D H	iner	immediate Cause (Finel disease or condition resulting in death)  e. Due to (or as a consequence of):  My and, it Iso	haeme		1,87
	ertificate be executed ling physician and se as the buriel-trensit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause, (Disease or Injury c.			
68760,	ysicial		Cause. Enter Underlying Cause (Disease or injury that Initiated events rasulting in death) Last  Dua to (or as a consequence of):			
99 xo	0 2 3	n/Medical	d.			
W.	death ed for a	Physician	Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	23b. Dld to	bacco use contribu	Ita to the cause of death?
, P.O	requires that the death been signed by the etter hould be deteched for	by Phy	Rectal Haeworkhage	1□Y	es 2√No 3□	Probably 4 Unknown
Records,	v requires been sign should be			24a. Was a perform		b. Were autopsy findings available prior to
3ec	aw 2 s	Completed			1	completion of ceusa of death?
Vital		0	25. Was cese referred to medical 26. Place of Death	1 Ye		1 ☐ Yes 2 W No
of Vi	5 00	To B	exeminer?  1 Yes 2 No Hospital: Inpatient 2 EFVOutpatient 3 DOA Other: 4 Nursing Ho	me 5 Reside	ence 6 Other (S	pecify)
	D 0 0	tion:	1 Natural 5 Pending (Month, Day Year) Injury	28d. Describe ho	ow injury occurred	
Division	Atten or deat octor: by the	Certification:	2 Devisite S Could not be	28f. Location (S)		Rural Route Number,
Ö	ors effer ors effer ors Dir illed in	Cer	,			
	To the Mospital or within 24 hours effe To the Funeral Dir completely filled in	edicai	29a. Certifier  (Check only one)  1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred and menner stated.	end due to the co ed at the time, d	euse(s) and manner ate and place, and d	as steted. lue to the ceuse(s)
	To th To th Comp	M	29b. Signature and title of certifier 29c. License number	2	9d. Date signed (Mo	
	-		Mcom m) (9/3///3	7	8.1.9	17.
		6	30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) William Gill, M.D. Burton Ave., Crisfield, Md. 21817	7		
	Sta Registr	te	31. Date filed (Month, Day, Year)  AUG 1 3 1997  32. Registrar's Signature  Aundson—Randelle			

, site grants .

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 256 17 Amended Item #1, per Phy. 8/11/97, Carroll County, wjl Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death Day **Physician** NAOMI F. LEWIS 3 Am NGOM: 1997 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (In not institution, give street end number) 4c. County of Deeth Examiner Howard County General Hospital Columbia Howard If Under 1 Year Months Days 8. Data of Birth (Month, Dey, Year) If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthdey) **Funeral** Hours 1 □ M 2 🕱 F 91 Director 212-03-0393 July 11, 1906 Maryland Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, the Medical Evanment must be notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Directo Carroll Sykesville 10a. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 6027 Fairfield Lane Funeral 21784 U.S.A. 12. Wea Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Bieck, White, etc. Was Decedent of Hispanic Origin? (Specify Yea or No-if Yes, apecify Cuben, Mexican, Puarto Rican, atc.) 11. Maritel Status 1 Yes 2 No If Yas, Giva Yeer or Detes: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 Specify: White þ 3KD Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grade complated) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 18b. Kind of Businass/Induatry Elementery/Secondery (0-12) College (1-4or 5+) Nursing Home Operater Health Care 8 18. Mother'a Nema (First, Middla, Malden Sumeme) 17. Father'a Neme (First, Middla, Last) Be 2 George Roberts Fmma Unknown 19e. informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 6027 Fairfield Lane, Sykesville, MD 21784 Mrs. Joan Helmick (Daughter) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Steta 1 Buriei 2 Cremetion 3 Removal from Stete 8/11/97 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery Baltimore, MD 21. Signature of Funerel Sarvice Liganser 22. Name and Address of Facility HOME & CHAPEL (Box 195) Brian a Sykesville, MD 21784 (410)-795-1400 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiac or respiretory arrest, shock, or heart feilura. List only one ceusa on each line. Onset and Death **Physician** Immediata Cause (Finel disease or condition resulting in deeth) /Medical noumonic 2 hoseks Examiner Due to (or es e consequence ot): Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initiated events reaulting in deeth) Last Due to (or ea e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequanca of): 8 USB signed by the a Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed pege 2 certificate 1 Yes 2 No 1 Yas 2 No Hospital or Attending Physician: funeral director, 25. Was casa reterred to medical axaminar? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) ٩ 1 Yea 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28e. Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Meturel 5 Pending after death. Director: Aft 1 TYes 2 TNo 2 Accident investigation 6 Could not be determined 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 12 Cartifying Physician: To the best of my knowledge, daeth occurred et the time, dete and piece, end due to the ceuse(a) end menner es ateted.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner stated. edicai 29e. Certifier 29b. Signetura and titleyof pertifier 29c. License number 29d. Date signed (Month, Day, Year) 022147 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Strant Columbia Mary land GGril Gold 31. Data filad (Month, Dey, Year) 32 Ragistrar's Signeture State AUG 1 1 1997 Registrar

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 256 | 8

						Cer	tificat	e of	Death		1	Reg. No.		
	Dhuele		1. Decedent'a Name (First, Middle, L	nst)							2. Dete of Dec	eth	Veer	3. Time of Death
	Physic /Medi		Viola May LEED								August	9, Dey 199	7 Year	8:23 a.m
	Exami		4e. Facility Neme (If not institution, gi Colton Villa Nu	the state of the s					1	Hage	rstown	4c. Count	y of Death	ngton
	Funeral Director		212-14-7537	Sex 7. Ag 1□ M 2 1 F	ge (In yrs. last bii 88	rthday) Yrs.	If Under Months	Dey:		24 Hrs. Min.	8. Dete of Birt (Month, Det Aug • 8	, Year) 1909	9. Birth	ptece (State or Foreign ntry) ryland
	efter death with the Menyland or items 23a or 28a-f show miner must be notified at	Director		ngton	10c. City, Tow		cation ersto	wn						10d. inside City Limits 1 ☐ Yes 2 ②No
	th with the 23a or 2 ast be no		10e. Street and Number 704 Interval Roa	ıd			10f. Zip					10g. Citizen of USA		ntry?
020	72 hours efter death with the Merylend natural; or items 23s or 28s-f show dies Examiner must be notified at	by Funeral	11. Meritel Stetus  1 □ Never Merried 2 □ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:		tf	Ves Deced Yes, spec	cify Cu	ban, Mexicai	n, Puerto	ecify Yes or No- Rican, etc.)	Bte	ce - Americk, White, by: White	
21215-0020	in 72 hours "natural",	Completed	15. Decedent's E (Specify only highest gr	ade completed)		(Give I	ent's Usue kind of wo	rk done	during mos	t of work	ing	16b. Kind of B	usineas/In	dustry
212	d within giene. r then "	то	Etementary/Secondary (0-12)	Coilege (1-4or :			maker		00,			her	own h	nome
Maryland	s 1 and 2 should be filed within 72 hours I Fleeth and Mertal Hygiene. Item 27 is marked other than "natural", other traumatic event, I'm Medical Ex	To Be C	17. Fether's Name (First, Middle, Las Theodore Iseming	,							(First, Middle, Hartle	Meiden Surner	ne)	
	1 and 2 should Heelth and Men em 27 is marks other traumatic		19e. tnforment's Neme/Reletionship Mickey Mulhern -		1		_				al Route Numbe Baltimo			
Baltimore,	00-		20e, Method of Disposition  1 Buriat 2 Cremetion 3 [ 4 Donetion 5 Other (Speci			ry, crem	netory or o	ther pl	ece) letery	8	Dete -14-97	20c. Location Hager	-	own, Stete n, Maryland
Balti	permit. Peg Department Important: Il any Injury o		21. Signeture of Funeral Service Lica		7.	1			ess of Fecili	111.	NNICH F			21740
			23a. Part1. Enter the disease, or con shock, or heart falture. List only	pplications thet caused	the deeth. Do	Kup							riu.	Approximete
	Physician /Medical Examiner		tmmediate Ceuse (Final disease or condition resulting in death)	· Co	ngest	him	e	the	ant	_	idune		1	interval Between Onset and Death
	be tis	niner		b. Car	Due to (or es e	conseq	uence of):	fre	m	de.	seas		1	Years
60,	ertificate be executed ing physician and e as the bunal-transit	al Examiner	Sequentielly list conditions, if eny, teading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	Pre	Due to (or as a	pesnag	uence of):	s Ce	sdia	1 0	fave	from		faorth
x 68760,	9 = 0	//Medical	that initiated events resulting in deeth) Last		Due to (or es e	consequ	uence of):				U			2 weeks
. Bo	deeth or	Physician/	Pert II. Other eignificant conditions	contributing to death b	ut not resulting t	n the un	deriving c	ALISA C	iven in Pert I		23h Did t	obacco una co	intribute t	to the cause of death?
P.0	that the death or led by the attend detached for us		Hyperse	ree			,				10			obably 4 Unknown
Records,	The law requires that the deeth or ate has been signed by the attend page 2 should be detached for us	leted by	Arheli	sontributing to death be never de	wend	4					24a. Was perto	en autopsy rmed?	av	Vere autopsy findings vallable prior to ompletion of cause
		Completed	Previou	8 strola	ke						101	es 2 No		death?
Vital	Physician: The rthis certificate and director, page	Be c		Hospital:				0	ther /		n (Check only o			
101		n: To	27. Manner of Death	28a. Dete of tnju	ry 28b.	Time of		8c. Inj	4 Cartyl		me 5 Resid			<i>(y)</i>
Division of	Attending or deeth. ector: After by the fune	catio	1 Pending 2 Accident investigation 3 Suicide 6 Could not to		y rear)	Injury	М		Yes 2	No				
DIS	tal or Attending I is efter deeth. al Director: After ed in by the funer	Certification:	3 Suicide 6 Could not to determined	28e. Place of Inj building, etc	ury - At home, fa c. (Specify)	arm, stre	et, fectory	, office			28f. Location (S City or Tow	Street end Num m, State)	ber or Run	al Route Number,
	To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one)	nysician: To the best of the basts of end menner at	examination en	e, death	occurred estigation,	et the i	ime, date en opinion, dee	d piece, th occurr	end due to the d ed at the time,	cause(s) end m dete and piece,	anner es s and due t	iteted. to the cause(s)
	To the Common of	M	29b. Signeture end title of cartifier	Corpece	35 Ja	10	290	. Licer	15e number	31		29d. Date sign	ed (Month,	Day, Year)
,			30. Name and address of person who	completed cause of d	eeth (Item 23a)	(Type, F	Print) 2	140	8 in	My s	24	mp.	217	140
	Sta Registr		31. Dete flied (Month Pay Year) 199	32 Hojan	aris Sopature Davidour	Band	482		1			<b>-</b>		-1-5

State of Maryland / Department of Health and Mental Hygiene 97 256 | 9

						Cei	rtificate o	f Death	7		Reg. No.			
	Dharaia	: - ·-	1. Decedent's Neme (First, Middle, La	ast)						2. Dete of De Month		Veer	3. Tin	ne of Deeth
	Physic /Medi		VEATRICE	М.	LANC	TON			A	UGUST	Dey 6	1997	4:(	05 PM
	Exami		4a. Facility Neme (If not institution, gh	va street and numb	er)			4b. City, To	own, or Loc	ation of Deati	h 4c. Cour	ty of Deeth		
			ATLANTIC GENE	RAL HOSPI	LTAL			BER	LIN		V	ORCES	TER	
	Funeral		5. Sociel Security Number 6.	Sex 7.	Aga (In yrs. las	t birthdey)	If Under 1 Yes	r if Under		8. Data of Bir (Month, Da				ate or Foreign
	Director		090-05-7449	1□M 200F	88	Yrs.	Months Day	s Hours	Min.	SEPT . 1	l5, 1908	NEW	YOR	
	D		Usuai Residence of Decedent						1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, IVZIV	101	
	how		10a. Stata 10b. County		10c. City, 7	Town or Lo	cation					1	Od. Insid	le City Limits
	Ma	io	MARYLAND WORCES	TER	WHA	LEYV	ILLE						10	Yes 20 No
	7 28 Y	Director	10e. Street end Number				10f. Zip Code				10g. Citizen o	f What Cou	ntry?	
	ter deeth with the Marylan Items 23a or 28a-f show Inst. mast be notified at		8123 OLD OCEAN	CITY ROAL	)		2	21872			US	SA		
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Maryland	2 sho and 1 is me		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Mellin	ng Address (Stre	et and Numb	er or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
			CAROL A. SPURRIE	R/DAUGHTE	ER	P.O.	BOX 148	, SELI	BYVIL	LE, DEI	LAWARE	19975		
Baltimore,	of Heelth Item 27 other t		20a. Method of Disposition			e of Dispo	sition (Name of	lace)		Dete	20c. Location	- City or To	own, Stat	е
E	permit. Peges Department of I Important: If Its any injury or o		1 23 Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specia		sta		EMORIAL	,	8	/9/97	BERLIN	MAR'	VI.AN	D
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		Н	23a, Part1, Enter the disease, or conf	Offication will com	the death		STINGS I					, DEL		
			23a. Partt. Enter the disease, or con- shock, or heart feilure. List only	one cause on each	h line.	DO HOT BITTE	ar the mode or u	ying, such as	Cardiac of	respiretory a	11031,		Approxi Interval	Between and Deeth
	Physician / /Medical		Immediele Ceuse (Finei										Onsore	110 00001
	Examiner		disease or condition resulting in death)	e. PNF	EUMONIA								2 W	KS
		<u>_</u>			Due to (or e	s a conseq	juence of):							
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	and al-tra	Xai	Sequentially list conditions, if any, leading to immediate		Due to (or es	s e conseq	uence of):							
68760,	eath certificate be executed attending physician and I for use as the burial-transit		Ceuse (Diseese or Injury	C								i		
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Vital	ysician: The is certificate director, pag	Be	25. Was case referred to medical exeminer?					26. Plece	a of Deeth	(Check only o	one)			
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0	ding Pt h. After th funeral		27. Manner of Deeth 1 ☑Neturei 5 ☐ Pending	28a. Dete of In	njury 28 Dey Year)	b. Time of Injury	28c. Inj	ury et	21	8d. Describe	how Injury occ	urred		
Division of	Attending in death. ector: After by the fune	Certification:	2 ☐ Accidant investigation	n		jui y		Yes 2	No					
5	or Attendent efter deat Director:	tific	3 ☐ Suicida 6 ☐ Could not b	200. FIGUR OF	Injury - At home atc. (Specify)	, ferm, stre	eet, fectory, office	Э	21	Bf. Location (a	Street end Nur	nber or Rura	I Route I	Vumber,
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	To the Hospital or Attending Phy within 24 hours effect death. To the Funeral Director Affer thi completely filled in by the funeral		29e. Certifier  (Check only 2 Medical Evan	ysician: To the be	st of my knowle	dga, death	occurred et the	time, dete er	nd plece, er	nd due to the	cause(s) and r	nanner as s	tated.	
	he H in 24 he Fi	edicai	one) 2 Madical Exam	niner: On the basis end menner	or examinetion	and/or inv	restigetion, in my	opinion, dee	oth occurred	d et the time,	date end plece	e, and due to	the cau	se(s)
	To the To the Comi	Σ	29b. Signature end titla of certifier	. /			29c. Licer	nsa number			29d. Date sign	ed (Month,	Dey, Yes	ir)
			DIR //AAA	1//			D1	7695			8/7/9	7		
	10		30. Name and address of person who	completed cause ~	f death /item 23	a) (Tuno I								
	10		W R SCHMITS, 30				-	A P V T A M	210 ח	63				
	Sta	te	31. Dete filed (Month, Dey, Year)		strar's Signature		אוז פונונייי	MI DAW	J 210					
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HE SECTION OF THE SEC 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Month ADRIL BABY BOY 11 AY
4e. Fecility Neme III not institution, give street and number) 10:55 4b. City, Town, or Location of Deeth 4c. County of Deeth GRACE HAVRE BE ar if Under 24 Hrs. S Hours Min. AL Hospi

7. Age (In yrs. last birthday) HARFORD HARFORD Memorial 6. Sex 1 M 2 □ F 5. Sociel Security Number 9. Birthplece (State or Foreign Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits XX Yes 2 No Harford Maryland 10g. Citizen of Whet Country? USA 10e. Street end Number 10f. Zip Code 21040 423 Barleys Court 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes X2X No If Yes, Give Year or Detes: Was Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Biack, White, etc. 1X Never Married 2 Married 1 ☐ Yes 2X☐ No Specify: specity: Black Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 0 New Born Baby 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Jason Alphson Miller Terrell Mav 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 423 Barleys Court Edgewood, Maryland 21040 Terrell May 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete XX Burial 2 Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) St. James Cemetery 4/28/97 Havre de Grace, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Beard Funeral Home 552 Lewis Street, Havre de Grace, MD Part Effect the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feliure. List only one cause on each line. Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) GMATURE Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evalleble prior to 24e. Wes en eutopsy performed? completion of ceuse of deeth? 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 ☐ Suicide

physician ans the buriel-to signed det page 2 certificate Hospital or Attending Physician: this BAB After

Examiner Physician/Medical þ Completed Medical Certification: To To the Hospital of within 24 hours a To the Funeral D completely filled

**Physician** 

/Medical

Examiner

**Funeral** Director

28a-f show

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Нета 23а

permit. Peges 1 and 2 should be filed within 72 hours effer o Depertment of Health end Mental Hygiene. Important: If filem 27 is marked other than "natural." ~ ... any injury or other traumatic event.

**Physician** /Medical

**Examiner** 

MD

Director

Funeral

by

Completed

traumatic event, the Medical Examiner must be notified at

the Marylend

29e. Certifier 29b. Signature and title

6 Could not be determined 4 Homicide

Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

NA

28f. Location (Street and Number or Rural Route Number, City or Town, State)

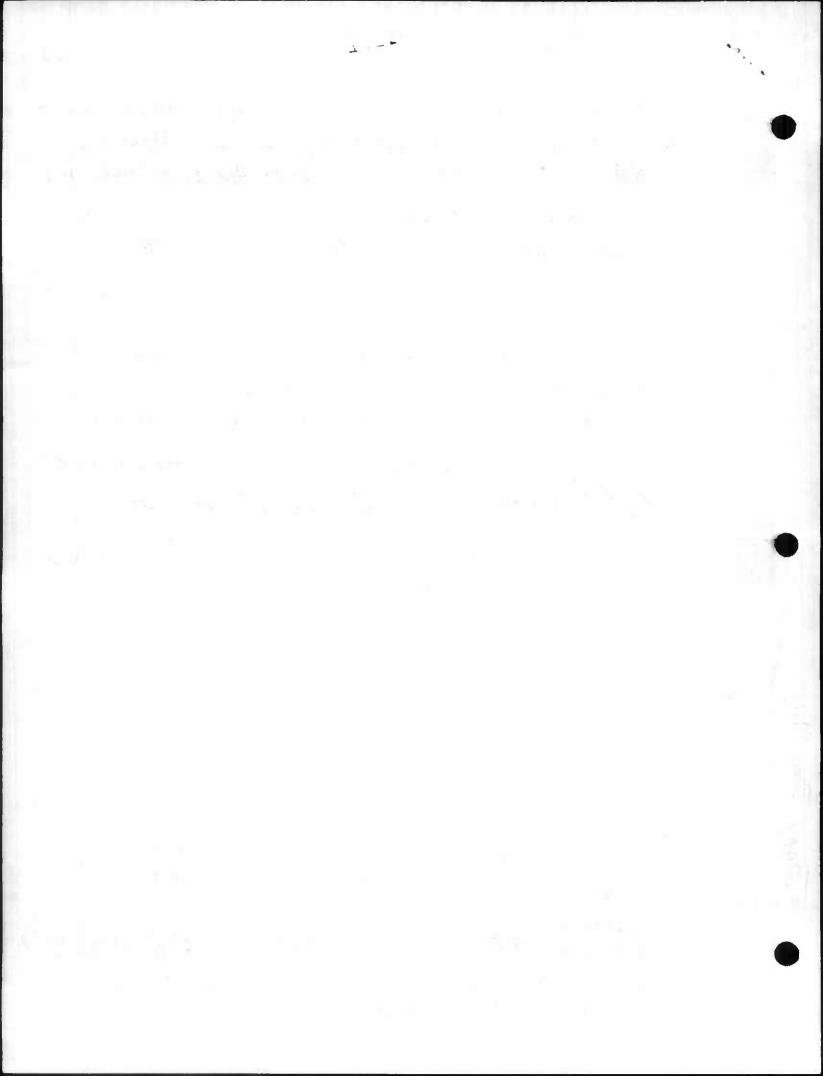
1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

30. Neme end address of person who

29d. Dete signed (Month, Dey, Year) Union Ave HAVRE DE MAZIOTE

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25621

Physici /Medic Examin	al
Funeral	İ

**Director** permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mental Hygiena. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Modical Evantment must be notified at appear.

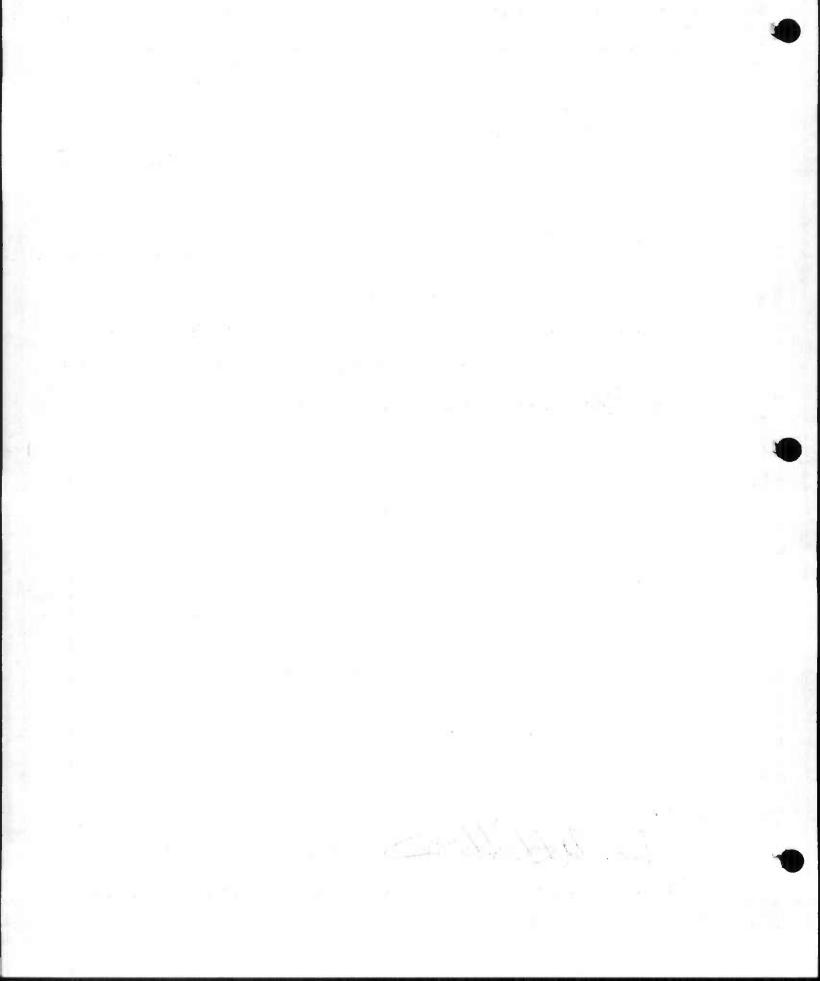
Baltimore, Maryland 21215-0020

Physician /Medical **Examiner** 

To the Hospital or Attending Physician: The law requires that the death cartificate be axecuted within 24 hours effer deeth.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

an	4 Decedent's N	barrer of the said and a said and									
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Director	10e. Street and	Number				10f. Zip Code			10g. Citizen o	f What Cou	ntry?
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by		d 4 Divorced	If Yes, Give Year or Dates:			1□Yes 2NN	o Specify:		Spec	ity: WH	ITE
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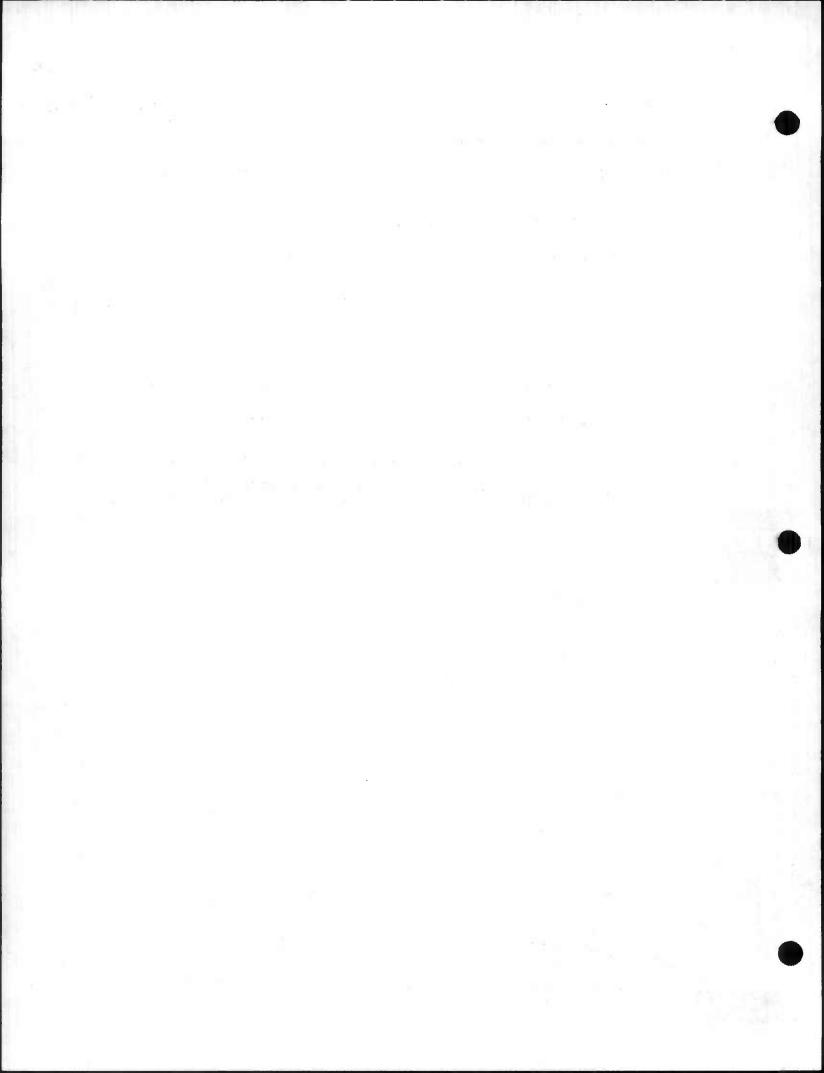


State of Maryland / Department of Health and Mental Hygiene

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James E. Mickle/Son  P. O. Box 193, McHenry, MD 21541  20a. Method of Disposition 15 Buriel 2   Command of State 4   Donation 5   Date 4   Donation 5   Date 4   Donation 5   Date 4   Donation 5   Date 5   Date 5   Date 5   Date 6   Date	le be	0 8	Sherman	Grant	Savage						N	larth	na Cathe	erine C	ross		
James E. Mickle/Son  P. O. Box 193, McHenry, MD 2154  20b. Method of Disposition 1 Splanis 2 Chromation 3 Penoval from State 1 Splanis 2 Chromation 5 Chemickly, chemickly of other piece Oak Grove Cemetery, Aug. 6, 1997  McHenry, MD 2154  21. Signature of the final splanish of the final	shound M	-					196	o. Mailing	Address	(Street	and Numb	er or Rui	rel Route Numb	er. City or Tow	n. State. Zi	Code)	
Common   C	C1 0 = 10		James E	E. Mickl	e/Son										,,	,	
4 Donation 5   Other (Specify) 21. Signature of Funeyal Service Licensee  22. Name and Address of Facility Newman Funeral Homes, P.A., 179 Miller St. P. O. Box 275, Grantsville, MD 21536  23a. Part. Enter the dispess, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and contribute to the cause of the death of the contribution of the contribut	Hear Hear othe					2	Ob. Piece o	f Dispos	ition (Ner	ne of			Date	20c. Location	- City or T	own, State	
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1   Yes   2  No	ertific	Be	25. Was case reference examiner?	rred to medical							26. Place	of Deet	h (Check only o	ne)			
1   Nature   2   Accident   3   Sulcide   4   Homloide   4   Homloide   5   Pending Investigation   5   Pending Investigation   5   Pending Investigation   6   Could not be determined   28e. Pleca of Injury - At home, ferm, street, factory, office   28f. Location (Street end Number or Rural Route Number of Rural Route Number o	hysk his o	2		(No	Hospital: 1	Inpatient	2 ER/Ou	itpatient	3 DO	A Oth	ier: 4□ Nu	rsing Ho	me 5 Resid	lence 6 🗆 O	ther (Specia	y)	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month Dev Year)	After fune	ation:						No	28d. Describe i	now Injury occi	ırred						
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month Dev Year)	i or Atte after de Directe d in by t	ertific		6 ∐ Could no determin	ed 286. Piece			rm, stre	et, factory	, office					ber or Run	al Route Number,	
29c. License number 29d. Dete signed (Month, Dey, Year)  29c. License number  29d. Dete signed (Month, Dey, Year)	Hospita     24 hours     Funeral letely fille	dical	(Check only	1 Certifying 2 Medical Ex	caminar: On the b	pasis of exam	knowledge minetion en	dor inve	occurred estigation,	et the tir	ne, dete an pinion, dee	d plece, th occurr	and due to the red at the time,	cause(s) end n dete and place	nanner as s , end due t	tated. the ceuse(s)	
30. Natime and address of person who completed cause of deeth (Item 23a) (Type, Print)  Koger A. Lewis MD Cranberry Clinic, 510 W. State Aug, Terra Alto	omp	Me	29b. Signeture end	title of certifier	7				29c	Licens	e number			29d. Dete sign	ed (Month,	Dey, Year)	
4 30. Natione and address of person who completed cause of deeth (Item 23a) (Type, Print)  Koger A. Lewis MD Cranberry Clinic, 510 W. State Aus, Terra Alta	P > P 0		1	2/						D:	2656	P		8-1	7-9	)	
State Registrar  31. Date filed (Month, Dev. Year)  8 1997  32. Registrer's Signeture  AUG 8 1997				VA. I	ewis 32. F	se of deeth	(Item 23a) (	(Type, P	nint)	ry	Clini	ic,	510 W.S	take Au	, Tei	ra Alta W	



	HOMAS A			s 23a,27 ilm #G750,					f Health and I	Mental Hy	giene 9	7 2	5623
		-	Armen and a second	e (First, Middle, Last						2. Dete of De	eth	3	. Time of Death
П	Physic		Thomas W	Villiam M	cDonald					Month	Dey 05, 199	Year 7	12:45 P
ı	/Medi Examii		THE RESERVE OF THE PARTY OF THE	f not institution, give			1.11		4b. City, Town, or		-		12.13 1_
1	- Admin		RT.140 V	ILLAGE PA	RKING LOT				Mogtmine	ter	CARR	OLL	
Т	Funeral		5. Sociel Security N			e (In yrs. la	st birthdey)	If U r 1 Y Months De		8. Date of Big (Month, De	th Vegel	9. Birthplece	(State or Foreign
	Director	6.4	212-96-	8994 X	]M 2□F	16	Yrs.	Workins De	ys Hours Will.	August			
	Pu »		Usuai Residence of 10a, Sfete	Decedenf 10b. County		10a Cibr	Town or Loc	nation					
	sho	2				Toc. City,	TOWITOTEO	ALION					Inside City Limits  1 ☐ Yes 2 ☐ No
	the N	Director	MD 10e. Street and Nur	Carroll		West	minste				40- 014		
	N O R	급	910 Cind					10f, Zip Cod			10g. Citizen of	whet Country	
	ter death with the Marylan items 23a or 28a-f show inst must be nottred at	Funeral			12. Was Decedent	Ever In I I S	12 V	2115	/ of Hispanic Orlgin? (S	posify Ves or No	USA 14 Ba	ce - American I	ndien
_	Herr d	5	11. Meritel Stetus	ed 2 Married	Armed Forces?		lf.	Yes, specify C	uben, Mexican, Puerl	o Rican, etc.)		ck, White, etc.	maion,
21215-0020	n 72 hours after death with the Maryland "naturel", or items 23a or 28a-f show edical Examinet must be notified at	by F	3 Widowed		If Yes, Give X Year or Dates:		-1	□Yes 2☐X	No Specify:		Specif	y: white	
0-0	2 ho	Completed	(0	15. Decadent's Edu	cation		16e. Deced	ent's Usuel Oc	cupetion	4.2	16b. Kind of B	usiness/Indust	ry
218	C 1 65	ple	Elementery/Seco	ify only highest gred ndery (0-12)	e completea) College (1-4or 5	5+)	life. D	OO NOT use re	ne during most of wor tired)	King			
		Con	11				st	udent					
pu	be filed tal Hygid d other	Be	17. Fether's Neme (						18. Mother's Nar	me (First, Middle	, Maiden Sumer	me)	
yla	should be ind Mental marked o	2		rancis Mc					Debra Ly	nn Tuck	er		
Maryland	2 8 9 8			eme/Relationship (Ty			19b. Meilin	g Address (Str	eet and Number or Ru	ural Route Numb	er, City or Town	, Stete, Zip Co	de)
	1 and Health em 27			cDonald (:	father)	not Di-	910 Ci	ndy La	ne Westmin				0.00
Baltimore,	ages ent of nt: If it			osition □ Cremetion 3 □ F 5 □ Other (Specify)		Cer	metery, crem	etory or other	plece) ial Park	Dete 8/10/97		- City or Town,	
Balt	permit. P Departm Importar any Injui		141	neral Service Licens	7/ /-/	-			dress of Fecility Ha	ight Fu	neral Ho	ome & C	hapel
	_		23e Pert1 Enter th	ne disease or compl	ications that caused	the death	P. Do not ente	O. Box	195 Sykes	ville,	Md. 2178	34	proximete
	Physician /Medical		shock, or head		ne ceus <del>e en</del> eech li	ne.	ydroca	rbon (	Butanes) I	ntoxica	tion	Int	ervel Between aset end Deeth
1	Examiner		disease or condition resulting in deeth)		9	-							
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9	tifical ng ph	8	resulting In deeth) L	est									
Box	leath cartifical attending phy ifor usa as th	3n/N			d								
		Physician/M	Pert II. Other signifi	cant conditions cor	ntributing to death b	ut not resui	ting in the un	derlying cause	given in Pert I.	23b. Dld	tobacco use co	ontribute to the	cause of death?
P.0	B 50 E	P.								10	Yes 2 No	3 Probab	ly 45 Unknown
s,	8 5 8	þ											
ecords,	requires been sign should be	ted									en autopsy ormed?	eveile	autopsy findings ble prior to
ec	S S 8	ple					_	_				of dea	efion of cause th?
Œ	The la	Completed								18	Yes 2□No	1 PY	es 2 No
Vital	ysician: The	Be	25. Wes case referr							ath (Check only	one)		
of	Physician: this certific	၉	YYes 2□	NO			R/Outpetient	3□ DOA	Other: 4 Nursing H	lome 5 ☐ Res			EHICLE
	Jing After fune	atlon:	27. Menner of Deeth  1 Naturel  2 Accident	6 Conding investigation	08/05/9		204700 °	1	njury et Work? I □ Yes 2 🌠 No		how injury occu		eshener
Division	Patrice	Certification:	3 ☐ Suicide 4 ☐ Homlcide	6 Could not be determined	28e. Piece of Inj building, et Parking	ury - At hon c. (Specify) Lot	ne, farm, stre	et, factory, offi	ce e time, date end plece	28f. Location ( City or To Village	(Street end Num wn, Stete) Ro Shopp1	ber or Rurel Ru ute 14( ng Cent	oute Number, ) er
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completaly filled in by the	edical C	29a. Certifier (Check only one)	1 Certifying Phys 2 Medical Examin	elcien: To the best of ner: On the besis of end menn	examinetic	ledge, deeth on end/or inv	occurred et the	e time, date end plece ny opinion, deeth occu	Westmin e, end due to the urred et the time,	ster, M ceuse(s) and m dete end pleca	aryland enner es stete , end due to the	d. e cause(s)
	To the within To the compl	Me	29b. Signeture end	title of sortifief	17/1	1		29c. Lic	ense number		29d. Dete sign	ed (Month, De)	r, Year)
					9/1	_		oc	ME		AUGUST	06, 199	7

State Registrar

David

31. Dete filed (Month, Day, Yeer)
AUG 1 1 1997

111 Penn Street, Baltimore, Maryland 21201

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item #8, per F.D. 8/11/97, Carroll County, wjl Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day **Physician** Month Year Mary 9:53 A.M. G. August 7, 1997 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Sykesville
If Under 1 Year | If Under 24 Hrs. | 8 Springfield Hospital Center Carroll 8. Date of Birth (Month, Day, Year)
June 27., 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days Hours 1□M 2☑F 85 Yrs. Director 212 05 1453 Md. June 27, 1912 Usuel Residence of Decedant death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other then "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Md. Carroll Sykesville 1 ☐ Yes 2 No Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 6655 Sykesville Road 21784 U.S.A. Funeral permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "netural!" Any Injury or other traumatic event. 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American tndlen, Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: spowhite þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Domestic Homemaker 11 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Luke Meade Ann O'Neill 19a. tnformant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Meade (brother) 149 Nunnery Lane Catonsville, Md. 21228 John 20a. Method of Disposition 20b. Plece of Disposition (Name of Date 20c. Location - City or Town, State 1 ☐ Buriel 2☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremation Service 8/8/97 Hampstead, Md. 22. Name and Address of Facility
Haight Funeral Home 21. Signature of Funeral Service Licensee P.O.Box 195 Sykesville, Md. 21784 23a. Pert1. Enter the disease, or complication that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one commence on each line. **Physician** 15 minut /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** to (or es a consequence of):
Resection Examiner physician and the bunel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last that the death certificate be exec P.O. Box 68760, Physician/Medical Due to (or es a consequence of) 98 USB Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. been signed by the s should be deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1X Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 1 ☐ Yes 2 No 27. Menner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 1 Natural 5 Pending he Hospital or Attending in 24 hours after death. he Funeral Director: Afte 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide TO Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated.

2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) 29a. Certifier (Check only one) and manner stated. To the within 2 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

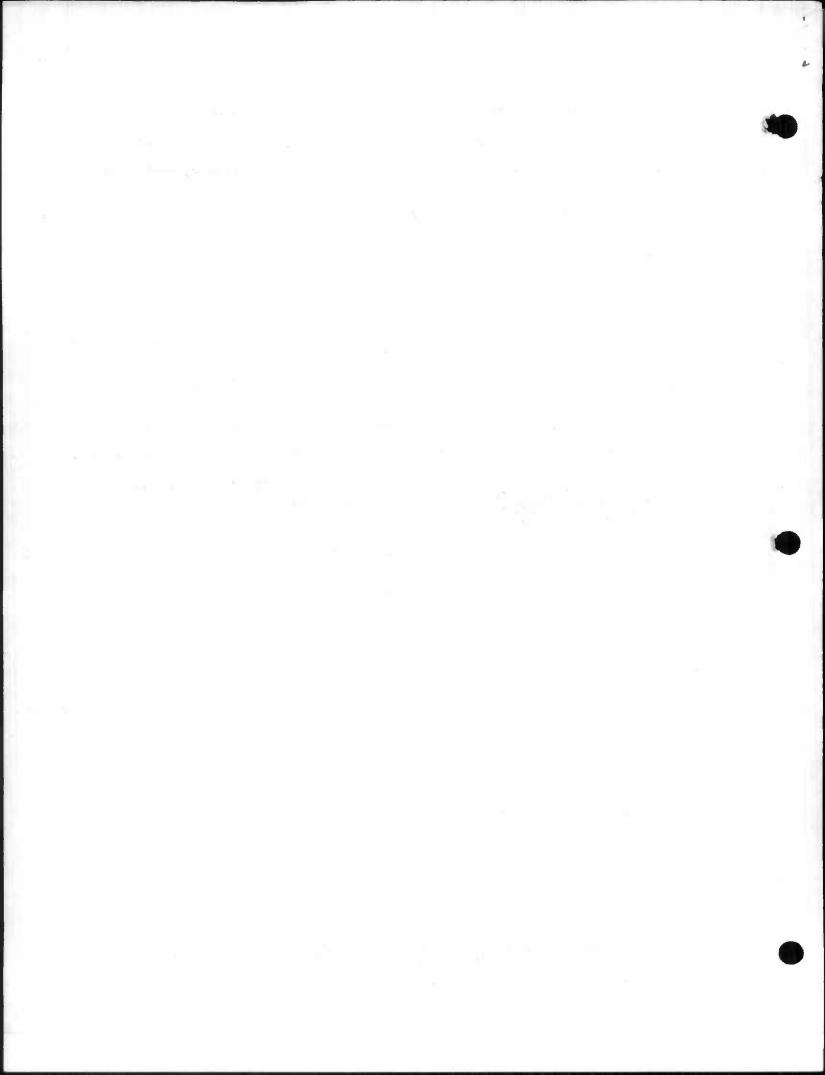
State Registrar

31. Date filed (Month, Day, Year)

AUG 11

SHAKERA KHAN MD 6655 SYKESVILLE RD SYKESVILLE MD 21784 32 Registrar's Signature

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)

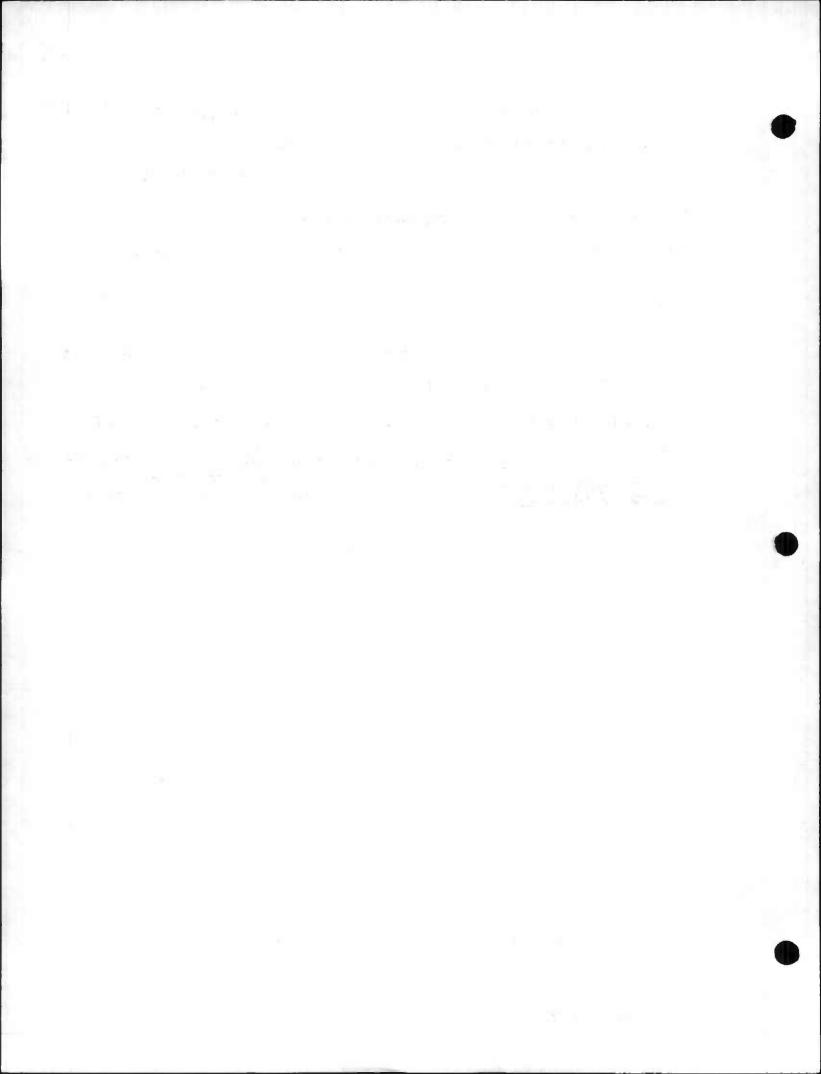


State of Maryland / Department of Health and Mental Hygiene 97 25625

					0016	moate	G OI L	Death		Reg. No.				
Discount of		Decedent's Name (First, Middle, I	Last)						2. Date of D		Vana	3. Time of	Death	
Physici /Medic		Lena Virginia	McOuain						Augu	st Day	1997	134	4	
Examir		4e. Facility Name (If not institution, g		)			4	b. City, Town, o	Location of Dee		nty of Deeth	10	-	
		Washington Cou	inty Hosnit	-a1				Hager	stown	Was	shingto	nn .		
Funeral			-	ge (In yrs. last	birthday)	If Under	1 Year	If Under 24 Hr			- 0		r Foreir	
Director		577-32-7269	1□M 2√2F	84		Months	Deys	Hours Mi		of Birth 9. Birthplece (State or Fore Country)  Ch 28 1913				
		Usual Residence of Decedent		04					raten	Haren 20 1915				
M & m		10e. State 10b. County		10c. City, To	own or Loca	ation					10	d. Inside Cit	ty Llmi	
War war	ò	Maryland Washin	ngton	Hag	ersto	wn						1 🗆 Yes	200	
288	Director	10e. Street and Number				10f. Zip	Code			10g. Citizen o	f What Count	n/2		
n rz nours enter deaun with me maryiand "natural", or items 23a or 28a-f show const Examiner nous be multified at		1911 Downsville	Pike				1740			U.S.		, y		
23	Funeral		40 111 - 5 - 1	E . 1 110	40.14									
	ů	11. Maritel Stetus	12. Was Decedent Armed Forces?	,	13. W	es, spec	ify Cuba	n, Mexican, Pue	Specify Yes or N rto Rican, etc.)	0- 14. H	ace - America lack, White, e			
5 6	by F	1 Never Married 2 Married	If Yes, Give	No	10	Yes 2	No No	Specify:		Spec	ify: wh	ite		
		3 X Widowed 4 □ Divorced	Year or Dates:											
	Completed	15. Decedent's (Specify only highest g	Education trade completed)	10	6a. Decede	nt's Usue	Occupa	ation furing most of w	orkina	16b. Kind of	Business/Ind	ustry		
	npi	Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO	NOT us	e retired	)						
7 75 6	Cor	0-12	2		trea	asury	У			U.S.	Govern	nment		
ital Hygi d other event, I	Be (	17. Father's Name (First, Middle, Las						18. Mother's No	ame (First, Middle		-/			
	To	Anthony	Hamilton	Nutter					Elizab	eth H	lelmick			
th and Mental I		19a. Informant's Name/Relationship	(Type, Print)	1	9b. Mailing	Address	(Street a	and Number or I	Rural Route Numi	ber, City or Tow	n, State, Zip	Code)		
コセトラ		Mr. Robert L. McQ	uain		P. O.	Box	541	, Rogue	River,	Oregon	97537	7		
item 2 other		20e. Method of Disposition			of Disposit				Dete	-	n - City or Tov			
10 10		1⊠ Burial 2 ☐ Cremation 3							Aug. 11					
permit. reges for the Department of Hea Important: if item 2 any injury or other 2006.		4 □ Donation 5 □ Other (Spec	0	Mt. S				Garder		Elkins		Virgi	ini	
Depe Impo		21. Signature of Funeral Service Lice	ensee //						Minnich					
7 D = 4 0		acets / hu	1		41	5 E.	Wil	son Blv	d. Hage	erstown	Md.	21740		
hysician /Medical ixaminer	L	Immediate Cause (Final disease or condition resulting in deeth)	a. Myo	Cardia Due to (or as			rti	m				Inst end C		
2 4	Examiner													
physician end s the buriel-transit	ram	Sequentially list conditions,	0	Due to (or as	a conseque	ence of):					1			
uriel		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury									1			
ding physician end se as the burlel-transi	/Medical	that Initiated events resulting in death) Last	C	Due to (or as	a conseque	nce of):								
nding p	Mec													
			d								1			
e etter	ici	Part II. Other significent conditions	contributing to death b	out not resulting	in the und	erlylna ca	ause aive	en in Pert I	23b. Dio	I tobacco use o	ontribute to	the cause o	of riest	
ed by the etter	Physician		g to comme		y t a	onying ou	addo girt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 2□ No			116-61	
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es been sign									24a. Wa	s en eutopsy	24b. Wei	re autopsy fi	indino	
been si	ete									ormed?	con	ilable prior to apletion of ca		
	du.										of d	eath?		
9 2	Completed								10	Yes 2 No	10	Yes 2□	No	
ate h		25. Was case referred to medical examiner?							eath (Check only	one)				
ate h	Be	1 Yes 2⊠No	Hospital:	ent 2 ER/	Outpatient	3 DO	A Othe	er: 4 Nursing	Home 5 ☐ Res	idence 6 🗆 0	ther (Specify,	)		
ate h		1 105 225 140	28a. Date of Inju	ry Year) 28t	. Time of Injury	28	Bc. Injury Work	at	28d. Describe	how Injury occ	urred			
this certificate had director, page	2	27. Manner of Death	(Month, Da	,	ii ija. y	М		res 2 □ No						
this certificate had director, page	2		on (Month, Da										ber,	
this certificate had director, page	2	27. Manner of Death  1 Natural 5 Pending 2 Accident investigati 3 Suicide 6 Could not	be 28e. Place of Inj	ury - At home,	farm, stree	t, factory,	, office			(Street and Nur	nber or Rural	Route Num!		
trer death. Irector: After this certificate h n by the luneral director, page	2	27. Manner of Death  1 Natural 5 Pending 2 Accident investigati 3 Suicide 6 Could not	be 28e. Place of Inj	ury - At home, c. (Specify)	farm, stree	t, factory,	, office			(Street and Nur own, State)	nber or Rural	Route Numi		
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frer death. Irector: After this certificate h n by the luneral director, page	edical Certification: To	27. Manner of Death  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature end title of certifier	28e. Place of In building, et building, et chiphylicidan: To the best and manner st	of my knowled	ge, death o	ccurred a stigation,	at the tim In my op	olnion, death occ number	City or To	cause(s) and r date and place 29d. Date sign	manner as sta e, and due to ned (Month, D	ated. the cause(s)	)	
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frector: After this certificate he by the luneral director, page	edical Certification: To	27. Manner of Death  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature end title of certifier	28e. Place of In building, et chysician: To the best aminer: On the basis of and manner st	c. (Specify)  of my knowled f examination ated.	ige, death o	eccurred a stigation, 29c.	at the tim In my op License	number 44341	City or To	e cause(s) and r date and place 29d. Date sign	manner as sta e, and due to ned (Month, E	ated. the cause(s)	)	

Mc Oddin, Lena Virginia

DHMH 16 Rev 6/95



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	TIEGIO ITO III				JEITH II	IOATI	- 01	DLA			HEG. NU.				
DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  LOU Ella MATTHEWS									2. DATE OF DEATH DAY YEAR AUG. 11 1997 11:55 P					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A				last birthday)	IF UNDER	IF UNDER 1 YEAR   IF UNDER 24 HRS.						8. BIRTHPLACE (State or Foreign		
	410-03-6601		1 □ M 2 🔯 F 89		YRS.	MONTHS	DAYS			July 24, 1		Country)			
	Se. FACILITY NAME (If not institution, give street and number)					96. CITY, TOWN OR LOCATION OF DEA						9c. COUNTY OF DEATH			
	COFFMAN NURSING HOME					HAGERSTOWN						Washington			
	10e. STATE 10b. COUNTY 10. Maryland Washington					c. CITY, TOWN OR LOCATION Hagerstown					LIMITS?				
	10. STREET AND NUMBER					101. ZIP CODE					10g, CITIZEN O			YES 2 NO	
FUNERAL	1304 Pennsylvania Avenue					21.74						USA	AT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR			YES 2%	YES 2 10			13. WAS DECENDENT OF HISPANII It yes, specify Cuban, Mexican, 1 YES 2 NO Specify:				or No-	14. RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					CEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							JSTRY		
TO BE COMPLETED	Elementary/Secondary (C		ollege (1-4 or 5+)			of work done during most of working Tuse retired.)				her own home					
	17. FATHER'S NAME (First, Middle, Last)				A. C. Carlot and Co.									10180	
	Charles Inman					18. MOTHER'S NAME (First, Middle, Malden Surname) Effie Ann Elizabeth Murphy								ıy	
	19a. INFORMANT'S NAME (Type/Print)									Route Number,					
	Jane Hurd - daughter								ie,	Hagers					
	20a. METHOD OF DISPOSITION  1XX Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)			cemetery.	cemetery, cremetory or other Rest Haven			isposition (Name of place) Cemetery			DATE 20c. LOCATION - City or Town, State 3+14-97 Hagerstown, Md.				
	21. SIGNATURE OF FUNERA		22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
	415 E. Wilson Blvd., Hagerstown, Md. 21740														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING														
	CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other significa	nt condition	ns contributing to	death but no	t resulting	in the ur	nderlyln	g cause s	given in	Part i. 24	a. WAS AN			TERE AUTOPSY FINDINGS	
										_   1	PERFORMED?		0	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	25. WAS CASE REFERRED T		26. PLACE OF DEATH (Check only one)												
	EXAMINER?	ER/Outpetient	VOutpetient 3 DOA 4			n 5 □ Re	sidence	8 Other (Specify)							
≟	27. MANNER OF BEATH	27. MANNER OF BEATH 28e. DATE			28b. TIN	E OF	28c. INJ	INJURY AT WORK?  YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED					
BY P		Pending Investigation	(Month, Day, Year)		IN.										
- 1	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)					ome, farm, street, factory, office				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				te Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
ŭ	29b. SIGNATURE, AND TITLE OF CONTIFIER					29c. LICENSE NUM				MBER 29d, DATE S				fonth, Day, Year)	
TO BE	Amvel Chav						D3665				- C		11257		
ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	SAMUEL CHAN.		1185 MI			HA	GERS	TOWN	ME	2174	0				
	31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGNATURE										Table 1	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within motions after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

THIMAN MATTHEWS

ELLA

NAME KNOWN TO PHYSYAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

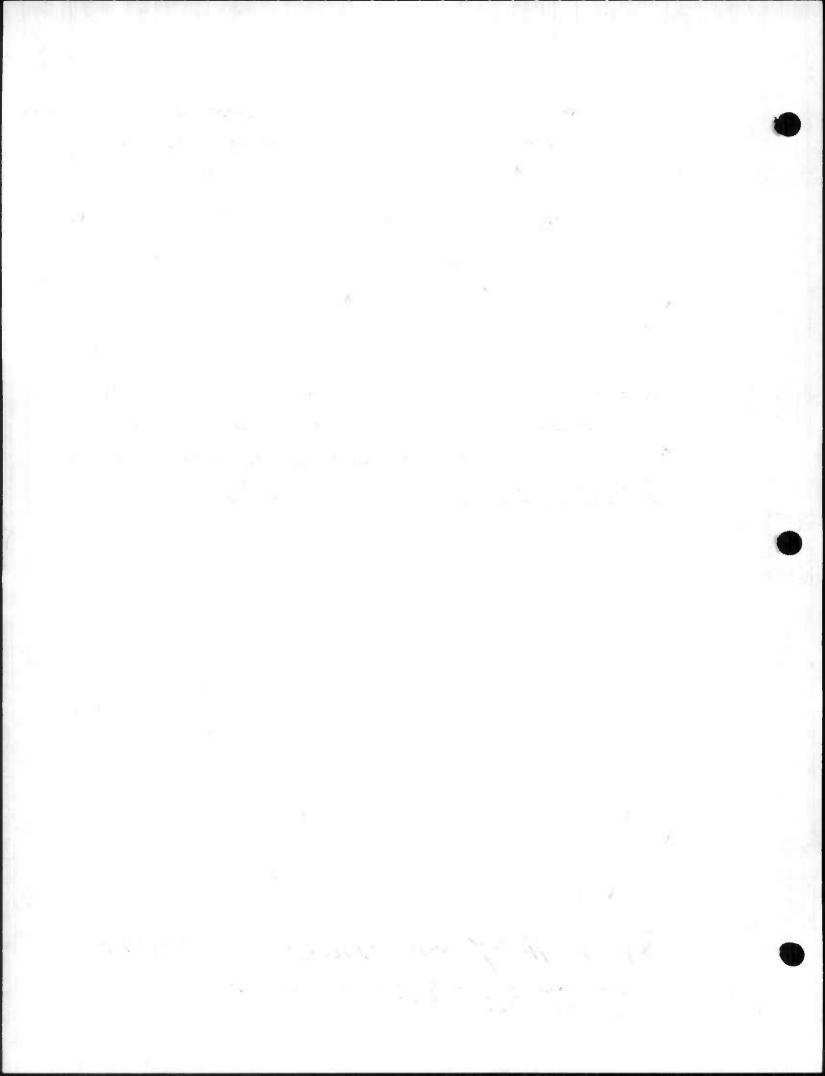
DHMH-18 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene 97 25627

Physici /Medi	ian	Decedent's Neme (First, Middle, La					2. Dete of Deeth Month	ng. No.		Time of Deeth
		HELEN RUTH	MILLS					9, 199	Yeer 7	9:00 AM
Examir		4e. Fecility Neme (If not institution, giv				4b. City, Town, or		4c. County	of Deeth	
		7 East Washington	Street Ap	t 1003		Hagersto	own	Wash:	ington	
Funeral Director		5. Social Security Number 6. S 217–09–6637  Usuel Residence of Decedent	6ex 7. Age	(In yrs. lest bir 4	thday) If Under 1 Year Months Days		8. Dete of Birth (Month, Dey, Aug. 2,	1913	9. Birthpleca ( Country) Marylar	Stete or Foreign
show	_	10e. State 10b. County		10c. City, Town	n or Location					side City Limits
1	octo	Maryland Washing	ton	Hager					14	Yes 2□No
0.0	Dir	10e. Street end Number			10f. Zip Code		10		Whet Country?	
23	rai	7 Fast Washingto						U.S.A.		
ital Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Maritel Stetus  1  Never Merrled 2  Merried  3  Widowed 4  Divorced	12. Was Decedent B Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		13. Was Decedent of In If Yes, specify Cub		pecify Yes or No- o Rican, etc.)		e - American Ind ck, White, etc. White	
afa.	ted	15. Decedent's Ed		16e.	Decedent's Usuel Occup	pation	. 1	6b. Kind of Bi	usiness/Industry	
han.	Completed	(Specify only highest gre Elementary/Secondery (0-12)	College (1-4or 5		(Give kind of work done life. DO NOT use retire CCOUNTANT	during most of word  d)		Aircraf	ft Mfg.	Company
other other	Be C	17. Fether's Name (First, Middle, Last)				18. Mother's Ner	ne (First, Middle, M			1
and Mental Hygie a marked other i umatic event, it	To B	James Leo Mills				Agatha	Ruth Hop	go		
and &		19e. Informent's Neme/Reletionship (	Type, Print)	19b.	. Mailing Address (Street	<u> </u>			Stete, Zip Code	)
Health ar lam 27 is other trau		Joseph Leo Mills	/ Brother	74	10 Brookwood	d Avenue	Baltimon	re, Mary	land 2	1236
Department of Health and Mer Important: If Itam 27 is marke any Injury or other traumatic once.		20e. Method of Disposition		20b. Plece of	Disposition (Neme of y, cremetory or other ple	cel			City or Town, S	tete
mt: H		1 DBuriel 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specifi			aven Cemeter		997	Jacoret	cown, Ma	bac lyer
orta		21. Signeture of Funeral Service Licen	·	1000 12	22. Name end Addre	-	771	agers	LOWIT, I'D	тутани
Depa Impo any ir			. 7 .		Douglas A 1331 Easte	. Fierv F	uneral Ho	ome		
ramIner -transit	Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if any leading to immediate	b	Due to (or es e d	consequence of):	sease			J y	ears
cian		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	C							
	35 1									
anding physician and use as the bural-transit	in/Medical	thet initieted events resulting In deeth) Lest	d	Due to (or es e c	onsequence of):					
e attending physi ed for use as the l	sician/Medic	resulting In deeth) Lest	d			ven in Pert I.	23b. Did tob	BCCO HEE CO	ntribute to the c	ause of death?
ned by the attending physion detached for use as the l	Physician/	thet initieted events	d			/en in Pert I.			ntribute to the c	3737
s been signed by the attendir 2 should be detached for use	by Physician/	resulting In deeth) Lest	d			ven in Pert I.		8 2□ No eutopsy	3 Probably  24b. Were eureveileble	4 4 Unknown
ate has been signed by the attendii page 2 should be detached for use	by Physician/	resulting In deeth) Lest	d			ven in Pert I.	1 Ve	8 2□ No eutopsy	24b. Were eureveileble completion of deeth?	Unknown
ite has been signed by the attendir page 2 should be detached for use	Completed by Physician/N	Pert II. Other significant conditions of	d		the underlying ceuse give	26. Plece of Dec	1 Ve	eutopsy ed?	24b. Were eureveileble completion of deeth?	topsy findings prior to on of ceuse
ate has been signed by the attendir page 2 should be detached for use	Be Completed by Physician/	Pert II. Other significant conditions of 25. Wes cese referred to medical exeminer?	d	t not resulting In	the underlying ceuse give	26. Plece of Dee	1  Yes	eutopsy ed?  2 ☑ No	3 Probably  24b. Were eureveileble completie of deeth?  1 Yes	topsy findings prior to on of ceuse
ate has been signed by the attendir page 2 should be detached for use	To Be Completed by Physician/R	Pert II. Other significant conditions of the con	d	t not resulting In	the underlying ceuse given the underlying ceuse	_26. Plece of Dec ler: 4□ Nursing H	1 Ves	eutopsy ed?  s 2 No  2 No  ce 6 Other	3 Probably  24b. Were eureveileble completion deeth?  1 Yes	topsy findings prior to on of ceuse
ate has been signed by the attendir page 2 should be detached for use	Be Completed by Physician/	Pert II. Other significant conditions of the company of the compan	d	at 2 ER/Out (Yeer) 28b. T	the underlying ceuse given the underlying ceuse	26. Plece of Dee ier: 4□ Nursing H y et k?	1 Ver	eutopsy ed?  8 2 No  9 No  10	3 Probably  24b. Were eureveileble completion of deeth? 1 Yes  er (Specify)	topsy findings prior to on of ceuse
ate has been signed by the attendir page 2 should be detached for use	Certification: To Be Completed by Physician/N	Pert II. Other significant conditions of exeminer?  25. Wes cese referred to medical exeminer?  27. Mat. of Deeth  1  Neturel 5 Pending investigation  3  Suicide 6 Could not be determined  29a. Certifier 1 Certifying Phy	Hospitel: 1 Inpatier 28a. Dete of Injun (Month, Dey 28e. Piece of Injun building, etc.	at 2 ER/Out Yeer) 28b. Tr ry - At home, fer (Specify)	the underlying ceuse gives the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives give the underlying ceuse gives gi	26. Plece of Dee lef: 4 □ Nursing H y et k? Yes 2 □ No	24e. Wes en perform  1  Yes  th (Check only one ome 5  Residen 28d. Describe how	eutopsy ed?  a 2 🖾 No  ce 6 □Othe v Injury occurr  set end Numb Stete)	3 Probably  24b. Were eurelieble completie of deeth? 1 Yes  er (Specify) red  er or Rural Route	topsy findings prior to on of ceuse
ate has been signed by the attendir page 2 should be detached for use	To Be Completed by Physician/R	25. Wes cese referred to medicel exeminer?  27. Mag of Deeth 1 Neture   5 Pending investigation   3 Suicide   6 Could not be determined    29a. Certifier   1 Certifying Phy (Check only   2 Medical Exam	Hospitel: 1 Inpatier  28a. Dete of Injuny (Month, Dey)  28e. Plece of Injuny building, etc.	at 2 ER/Out Yeer) 28b. Tr ry - At home, fer (Specify)	the underlying ceuse gives the underlying ceuse gives gives a second of the underlying ceuse gives gives gives a second of the underlying M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. Plece of Dee lef: 4 □ Nursing H y et k? Yes 2 □ No lef: 4 □ Nursing H y et lef: 4 □ Nursing H left: 4 □ Nu	24e. Wes en perform  1 Yes  th (Check only one one 5 Nasider 28d. Describe how 28f. Location (Street City or Town, end due to the caurred et the time, dat	eutopsy ed?  a 2 🖾 No  ce 6 Other injury occurred and Numb Stete)  use(s) end me te end plece, to	3 Probably  24b. Were eurelieble completie of deeth? 1 Yes  er (Specify) red  er or Rural Route	topsy findings prior to pn of ceuse 2 No
s been signed by the attendir 2 should be detached for use	edical Certification: To Be Completed by Physician/N	25. Wes case referred to medicel exeminer?  1. Wes case referred to medicel exeminer?  27. Mag. * of Deeth 2 Accident 3 Suicide 6 Could not be determined  29a. Certifier (Check only one)  1 Certifying Phyone)	d	at 2 ER/Out (Yeer) 28b. T In (Specify)  my knowledge, examinetion ended.	the underlying ceuse gives the underlying ceuse gives give the underlying ceuse gives give	26. Plece of Dee ler: 4 □ Nursing H y et k? Yes 2 □ No ne, dete end plece pinion, deeth occu	24e. Wes en perform  1 Yes  th (Check only one ome 5 & Residen  28d. Describe how  28f. Location (Stre. City or Town,  end due to the caurred et the time, dat	eutopsy ed?  s 2 🖾 No  outopsy s 2 🖾 No  outopsy s 2 🖾 No  outopsy solution  outo	24b. Were eureveileble completion of deeth? 1 Yes er (Specify) red er or Rural Route	topsy findings prior to pn of ceuse 2 No

State of Maryland / Department of Health and Mental Hygiene 97 25628

							Ce	rtificat	e of	Death	7		Reg. No.		
			1. Decedent's Name (First, N	liddle, La	ist)							2. Data of De	eath		3. Time of Death
	Physic		BEATRICE	NOCE	7							Month AUGUST	O7	1997	
Ť	/Medi Exami		4a. Facility Name (If not instit			er)				4b. City, To	own, or L	ocation of Deal		County of Dea	10:30p.m.
	LAUIIII	1101	DEER'S HEA							CALTCI	Valla	MD		COMICO	
-	Funeral		5. Social Security Number	6. 9		Age (In yrs. la	st birthday)	If Under	1 Yaa		24 Hrs.	8. Date of Bi	rth		rthplace (State or Foreign
	Director		220-09-1380		1□M 2 <b>X</b> F	78		Months	Days	Hours	Min.	(Month, Di	ay, Year)	C	ountry)
			Usual Rasidence of Deceden	t								08 01	19	Ма	ryland
	yland		10a. State 10b. Cou	inty		10c. City,	Town or Lo	ocation							10d. Inside City Limits
	Mar Mar	ó	MD W	icom	ico	Sa	lisbu	ry							1 No Yes 2 No
	r 284	Director	10e. Street and Number					10f. Zip	Code				10g. Citize	en of What C	ountry?
	3a o	O	051 D	7 3		1 D 1			2	1801			US	2.4	
	death	Funeral	351 Deer's	nead	12. Was Decede	ent Ever in U.S	. 13.	Was Deced			rigin? (Sp	ecify Yes or No Rican, etc.)			erican Indian,
0	the the	F	1 Nevar Married 2 !	Married	Armed Force	s? No						Rican, etc.)		Black, Whi	ite, etc.
02	n 72 hours after death with the Maryland *naturel", or Hems 23a or 28a-f show edical Evariation must be notified at	by	3 Widowad 4 □ Divor	ced	If Yes, Give Year or Date	•		1 Yes	2 No	Specify	•		S	Specify: W	hite
9	2 ho	Completed	15. Dece	dent's E	ducation	T	16a. Dace	dent's Usua	al Occu	pation			16b. Kind	d of Business	/Industry
218		pie	(Specify only his Elementary/Secondery (0-1	-		0.5.1	(Give life.	kind of wo. DO NOT u	rk done sa retin	during mos	st of work	ring			
21		E	7	2)	College (1-40	01 5+)	Но	usewi	fe				H	ousewi	fe
D	e filed if Hygi other	BeC	17. Father's Name (First, Mid	dle, Last,	)			dsewi	110	18. Moth	er's Nam	e (First, Middle			
Maryland 21215-0020	ic ever	To B	Thomas Flliot							Deat	<b>b</b>			7.7	41 aan
ary	Should No Market		19a. Informant's Name/Relati	_	Type, Print)		19b. Meilii	ng Address	(Stree	Rut		ral Routa Numb	er, City or		ilson Zip Code)
Σ	nd 2 aith a 27 is r tra		G. Thomas Ell	intt	-Nenhew							bury, N		1804	
re,	f Heer tam othe		20e. Method of Disposition				ce of Dispo	sition (Nen	ne of		alls	Data			Town, Stata
5	Pages nent of I ant: If its		1 Burial 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe	on 3 [	Removal from Sta	ita	metery, cres			arden		/11/97	Uohm	on MD	
Baltimore,	サードラー		21. Signature of Puneral Serv				- 1			ess of Facil		111/9/	пертс	JII, MD	
Ba	Deparimponium any ir		A 1 -1	10	1 19	MOIDE	2/ "		ia Addi	ess of Facili	Но	11oway	Funer	ral Ho	me
	_		Navid	19	to (blom	macy						, Salis		, MD	21804
			23a. Parl1. Entar tha diseasa shock, or heart failure.	, or com List only	one causa on each	fed the death. h lina.	Do not ent	er the mod	a of dy	ing, such as	cardiac	or respiratory a	rrest,		Approximate Interval Between
	Physician /Medical		Immediate Cause /Finel												Onsat and Death
	Examiner		Immediate Causa (Final disease or condition resulting in deeth)		aBneum	onia									13 days
		L.	resulting in deetiny			Dua to (or	as a consac								
	be is	ine			Conge	stive l	heart	tailu	ure						3 days
	that the death certificate be assouted ed by the attending physician and detached for use as the bunat-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying  Dua to (or as a consequence of):  Hypertension												
68760,	cian		cause. Enter Underlying Ceuse (Disease or Injury	1	Hyper	tensio	n								years
87	ertificate be axecut ding physician and se as the bunal-trar	edical	that initiated events resulting in death) Last		0	Dua to (or a	s a conseq	uance of):							
9 ×	ling p	Me		L	d										
Bo	ttend trend or us				0					-	-				
0	e death the atter hed for u	Physician	Part II. Other significant cond	litions c	ontributing to death	but not result	ing In the u	ndertying c	ause g	ven in Part	l.	23b. Dld	tobacco u	s contribut	to the cause of death?
P.O.	The law requires that the ste has been signed by the page 2 should be detache	F)	Diabetes mell	itus	, non-in	sulin o	depend	dent				1 🗆	Yss 20	No 3 P	robably 4 Unknown
	es the	by	organic brain	syr	drome, p	ossible	e Alzh	neime	rTs	disea	ise				
Records,	v require been si should t	Completed	Probable cerv	-								24a. Was	an autopsy	y 24b.	Were autopsy findings available prior to
ပ္ထ	aw rus be	ple	Trobable cerv	Icai	Cancer							pone			completion of cause of death?
	The lay te has	E										10	Yes 21x	No	1 Yes 2 No
Division of Vital		BeC	25. Was case referred to med	ical						26 Piece	n of Deat	h (Check only		140	10166 20160
>	Attending Physician: or death. ector: After this certific. by the funeral director,	To B	axaminar? 1 ☐ Yes 2 🔭 No		Hospital: 1 ☐ Inpa	atlent 2 TE	R/Outpatien	t 3 DO	Ot			me 5 Resi		DO11 (C	-4.1
0	는 분들		27. Manner of Death		28e. Date of In	njury 2	8b. Time of					28d. Describe			опу)
5	ding Th. Afte	Certification:	1 Natural 5 Per 2 Accident inve	ding estigation	(Month, L	Day Year)	Injury	м	8c. Inju Wo	rk? ]Yes 2□					
ISI	dea ctor	flca	3 ☐ Suicide 6 ☐ Cou	ld not be		Injury - At hom	e farm str					28f. Location (	Street and	Number or R	ural Route Number.
$\leq$	after after Dire	erti	4 Homicide	eltitii160		etc. (Specify)	10, 10,111, 011	aot, raotory	, 011100			City or To		140111207 07 77	urai riodio rambor,
	To the Hospital or Attending Phywitin 2 A bours after death, within 2 After this To the Funeral Director; After this completely filled in by the funeral completely filled in by the funeral		29e. Certifier 1 Certifi	vina Ph	velcien: To the bea	et of my knowle	odae deeth	on urrad a	në ëlan si	ma data am	d alaaa .				
	Hos 24 h Fun etaly	edical	(Check only 2 Medic	al Exam	valcian: To the besiner: On the basis and manner	of examinatio	n and/or inv	estigetion,	in my	opinion, des	th occurr	ed et the time,	date and p	no manner a lece, snd du	s stated. e to the cause(s)
	ithin o the	Me	29b. Signature and title of cert		and married	states.				se number					th, Dey, Year)
	⊢ ≱ ⊢ ŏ			)	16,000	V 1.	0	-			,		0/	010	1
-			Jan &	٢	March		·D.	V	16	60	>		0/	817	/
	2		30. Name and address of pers												
	0				ng, M.D.	P.O.	Box 2	018,	Sal	isbur	y, Ma	aryland	2180	2-2018	
	Sta		31. Date filed (Month, Dey, Ye		62. Regi	trar's Bignaty	Bolall								
L.	Registr	ar	AUG13	133	0										



State of Maryland / Department of Health and Mental Hygiene 25629 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** 1997 August 10 Raymond Peterson 1:59 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1016 Beaglin Park Dr. Apt. 101 Salisbury Wicomico 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day Yaar)
JULY 1,1923 7. Aga (In yrs. last birthday) **Funeral** 9. Birthplaca (Stata or Foraign 15₹M 2□ F Months Days 103-16-8282 74 Yrs. NEW YORK Director Usual Rasidance of Decadant Pages 1 and 2 should be filed within 72 hours efter death with the Maryland nent of Heelth end Mental Hygiene. Int: If Itam 27 is merked other than "natural", or Itame 23a or 28a-f show 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits "natural", or itama 23a or 28a-f show 1 ☐ Yas 2 ☑ No Directo Wicomico Salisbury 10e. Street and Number 10f. Zip Coda 10g. Citlzan of What Country? 1016 Beaglin Park Dr. 21804 U.S.A. by Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ⊠ Yas 2 □ No NAVY If Yas, Giva Yaar or Datas: WW I] Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, spacify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yas 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed The Medical 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) I Hygiene. Elementary/Secondary (0-12) Collaga (1-4or 5+) ENGINEER MANUFACTURING traumetic evant, Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be OTTO PETERSON SIGNET ROSENOUIST 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) nt of Heelth e BARBARA PETERSON 1016 BEAGLIN PARK DR., SALISBURY, MD. 21804 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Ramoval from Stata Department of Important: If any injury or 4 Donation Othar (Spacify) Cambridge Crematory 8-11-97 Cambridge, MD Funaral Sarvice Licenses 22. Nama and Addrass of Facility Bounds Funeral Home 705 E. Main St. Salisbury, MD 21804 Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immadlata Cause (Final disaasa or condition rasulting in daath) Examiner Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

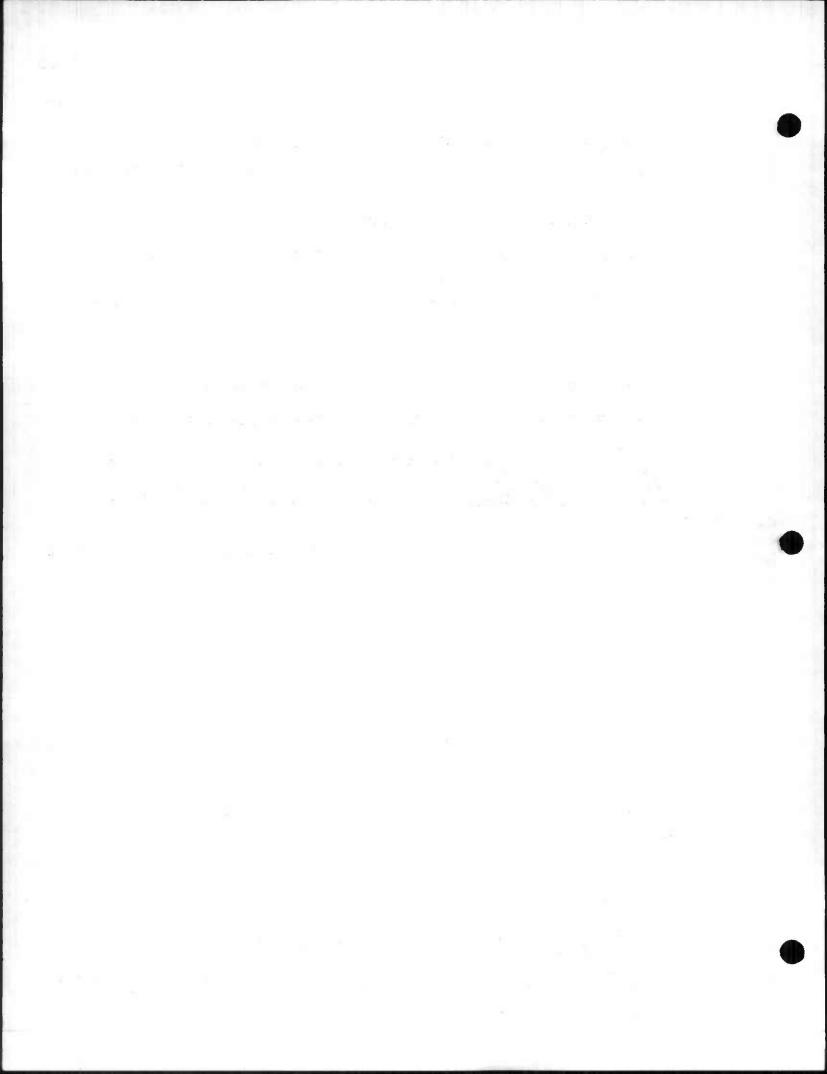
To the Funeral Director: After this certificate has been signed by the ettending physicien end the burial-trensit Saquantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of): Box 68760. Physician/Medicai Dua to (or as a consequence of) esn is certificate has been signed by the etter director, page 2 should be datached for Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings availabla prior to complation of causa of death? Completed 24a. Was an autopsy performed? 1 TYAS 2 No Be 25. Was cesa rafarrad to medical 26. Place of Daath (Check only one) examinar Othar: 4 Nursing Homa 10 1 Yas ANNO 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 6 Othar (Specify) completaly filled in by the funeral 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian 29b. Signatura and title of certifian 29d. Data signed (Month, Day, Year) 30. Name end rson who completed cause of death (Item 23e) (Typa, Print) SALISBURY CHRRELL ST MA OZZASM) E 205 145 31. Data filed (Month, Day, Year) 32. Regiştrar's Signature State

al Danden Kardall

AUG 12 1997

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

25630 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** 44 m Augus! /Medical 4c. County of Death 4b. City, Town, or Location of Death 4e. Facility Nema (If not institution, give street end number) Examiner nera my pack Zix If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yaer 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 6. Sex **Funeral** Months Days 1□ M 2□ F Yrs. **Director** 579-50-3315 56 Dec 14, 1940 Washington DC Usual Rasidance of Decedant daath with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ms 23s or 28s-f show Temple Hills 1 Yas 2 No MD PG Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20748 5722 Janice Lane U.S.A. Funeral 7 is marked other than "natural", or items traumatic event, the Medical Examiner m. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Maritei Stetus 12. Wes Decedent Evar In U,S. 14. Race - American Indien. Armed Forces?

1 Yas 2 Xio
if Yes, Give
Yaar or Dates: Biack, Whita, atc. filed within 72 hours after 1 ☐ Never Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: White þ 3 Widowed 4 Divorcad Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiena. Important: If fem 27 is marked other than "na any injury or other traumatic average once. (Specify only highast grada complated) Elemantary/Secondary (0-12) Collaga (1-4or 5+) Housewife Homemaker 17. Fathar's Name (First, Middla, Last) 16. Mother's Nama (First, Middla, Maidan Sumame) Be Malcolm Beaton Anna Schockency 2 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 5722 Janice Lane, Temple Hills, Md 20748 Henry S. Ruby (Husband) 20b. Placa of Disposition (Name of cematary, cramatory or other pleca) Aug 11. 20a. Method of Disposition 20c. Location - Cify or Town, Stata D1997 Burial 2 Cremetion 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Suitland, Maryland Cedar Hill Cemetery 21. Signature of Funarai Service Licansee 22. Nama and Address of Fecilityee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, MD 20735 T 23a. Part1. Entar tha disaasa, or complications that caused tha daeth. Do not entar the moda of dying, such es cardiec or raspiretory arrest, shock, or heert feilura. List only one cause on each lina. Approximate Intervei Between Onset and Death **Physician** /Medical Immediata Causa (Final diseesa or condition rasulting in death) Examiner Examiner physician and the burial-transit tha death certificate be axecuted Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying Cause (Disaasa or Injury that initiated events resulting in daath) Last Due to fo Physician/Medical Due to (or as a consequence for usa as USB BS signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacgo use contribute to the cause of death? 1/1 yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to completion of cause of death? cartificata has been s frector, paga 2 should Completed 24a. Was an autopsy 1 □ Yas 202 No 1 Type 2 No director. 25. Was case referred to medical axaminar? Be 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 2 1 Yes 2 No 1 postlent 2 ☐ ER/Outpatient 3 ☐ DOA this tal or Atternative after the safet death.
Aneal Director: After the safet filled in by the funarr 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. tnjury at Work? 26d. Dascribe how Injury occurred Certification: 1 MNatural 5 Panding invastigation 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 26a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 - Homicida Hospital 24 hours a 24 hours a 29a. Cartifiar The profitying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and members of examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) To the To the To the 29b. Signature ar 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print) Michael Levine, Md 7801 Old Branch Ave, #409, Clinton, Md 20735
31. Deta filed (Month, Day, Year) 32. Registrer's Signeture State Julia Davilson Rardall Registrar

State of Maryland / Department of Health and Mental Hygiene 25631 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey Pearl RODEHEAVER August 4, 1997 9:00 A.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Garrett County Memorial Hospital Oakland Garrett 6. Sex If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1 □ M 2 X F Months Deys Hours Min. Yrs. 91 March 17, 1900 Pennsylvania 10h County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Garrett 0akland 10f. Zip Code 10g. Citizen of Whet Country? 4315 Maryland Highway 21550 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yas, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: 3 ₩ Widowed 4 Divorced Specify: Yeer or Dates: White 15. Decedant's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Housewife Home 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) John Wesley Peck Carma Ruth Henica 19e. Informant's Neme/Ralationship (Type, Pnnt) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Betty L. DeWitt/ Daughter 2542 Old Crellin Rd., Oakland, MD 21550 20b. Plece of Disposition (Name of cametary, crametory or other plece)
Garrett County
Memorial Gardens 20c. Locetlon - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 8/7/97 | Oakland, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Stewart Funeral Home 32 S. Second St., Oakland, MD 21550 Owar 23a. Pert1. Entar the disease, ir complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feilura. List only one causa on each line. Approximete intervel Between Onset end Deeth Due to (or es e consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to 24e. Wes en autopsy

**Physician** /Medical Examiner

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After

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death.

by

Completed

Be

10

Certification:

Medical

physician

**Physician** 

/Medical

Examiner

**Funeral** 

Director

show

permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryla Department of Health and Mental Hypiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Evantiner must be notified at once.

Baltimore, Maryland 21215-0020

death with the Meryland

Edith

10e. State

MD

Director

Funeral

Completed by

Be

2

5. Sociel Security Number

214-52-2191

10e. Street and Number

Usuel Residence of Decedent

Elemantery/Secondery (0-12)

6

20e. Method of Disposition

Physician/Medical Examiner Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest

Immadiete Causa (Final diseese or condition resulting in deeth)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. complation of ceuse of deeth? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Was cese raferred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homleida 29e. Certifier Certifying Physician: To the best of my knowledga, daath occurred et tha time, dete end piece, end due to the causa(s) end mannar as stated.

| Medical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, deeth occurred et the time, deta end piace, and due to the causa(s) and mennar stated. (Check only one) 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Day, Year)

H26154

8/4/97

or Attending Physician: The law requires that the death certificata be axecuted Division of Vital Records, P.O. Box 68760, To the Hospital or Attend within 24 hours after deatl To the Funeral Director:

> State Registrar

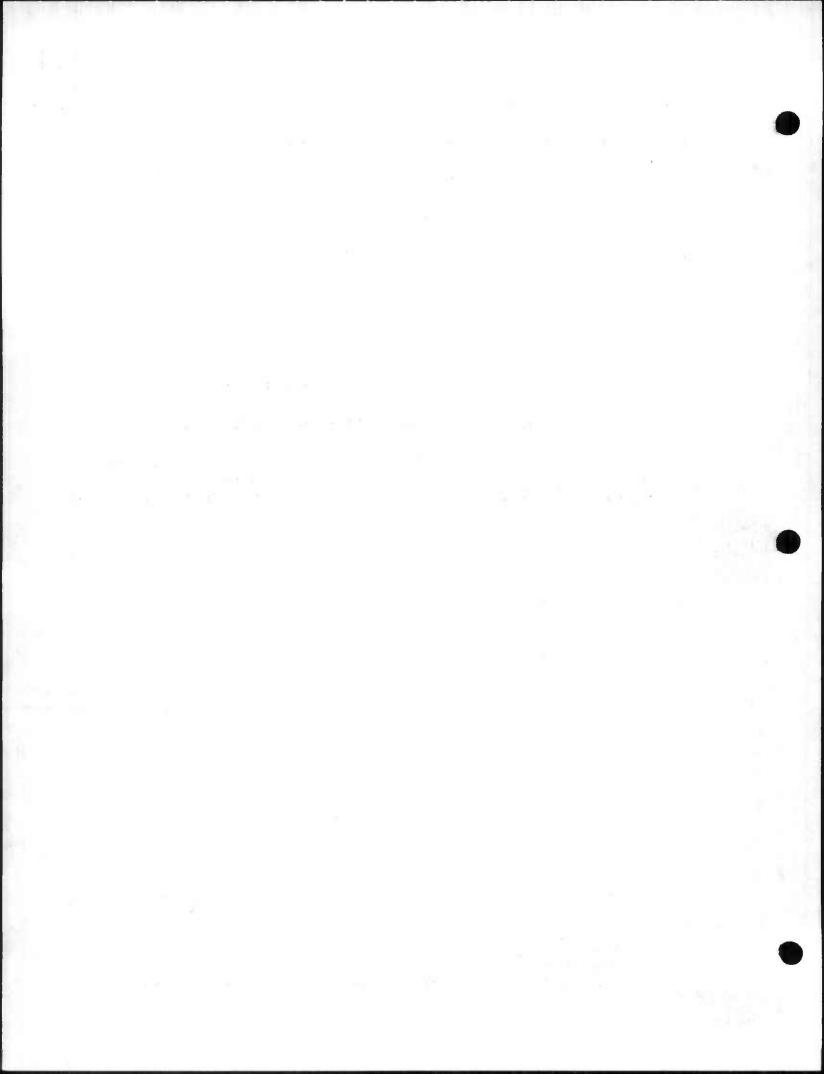
Paul Daniel Miller 31. Dete filed (Month, Day, Year)

AUG 12

30. Name and eddress of person who complated cause of daeth (Item 23a) (Type, Print)

32. Registrer's Signature

2008 Maryland Highway, Oakland, MD 21550 whi Tender Radall



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** ROBRECH FON 2220(FM) /Medical 4a. Facility Nama (If not Institution, giva street end number) 4b. City, Town, or Location of Death Examiner Westminster Westminster Nursing Home Carrol1 If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foraign Country) **Funeral** Days Hours V M 2□ F 058-07-2074 Yrs Director 83 Apr. 29, 1914 Maryland Usuai Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Director MD Carrol1 ty Yas 2□ No Westminster 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ŏ 230 East Main Street 238 21157 United States death Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married I ☐ Yes 2√√No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 🗗 No by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry n end Mental Hygiene. Is merked other than Elementary/Secondary (0-12) College (1-4or 5+) District manager Creamery 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Pages 1 end 2 should be William Harry Robrecht Mary Lelia Pilkerton 19a. Informant's Name/Relationship (Type, Pnnt) wife 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Department of Health er Important: If item 27 Is eny Injury or other trau 230 E.Main St. Westminster, MD 21157 Virginia Ellen Robrecht 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State ₩ Burial 2 Cremation 3 Removal from Stata Westminster Cemetery 8/11/97 Westminster 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensee 22. Nama and Address of Facility 91 Willis St. Myers Funeral HomeWestminster, MD 21157 Toller 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediate Cause (Final 8 montas disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, attending physician for use as the burie Physician/Medical Due to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by the Altakerney ty 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Nunknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy is certificate hes t i director, page 2 s 1 Yes 25 No 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 230 No Other: 2 1 Yas 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 40 Nursing Home 5 ☐ Rasidenca 6 ☐ Other (Specify) s efter death. I Director: After this od in by the funeral di After this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Pending Invastigation Natural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours e To the Funeral C completely filled Hospital pelli 29a, Certifian Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical To the 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year)

State Registrar

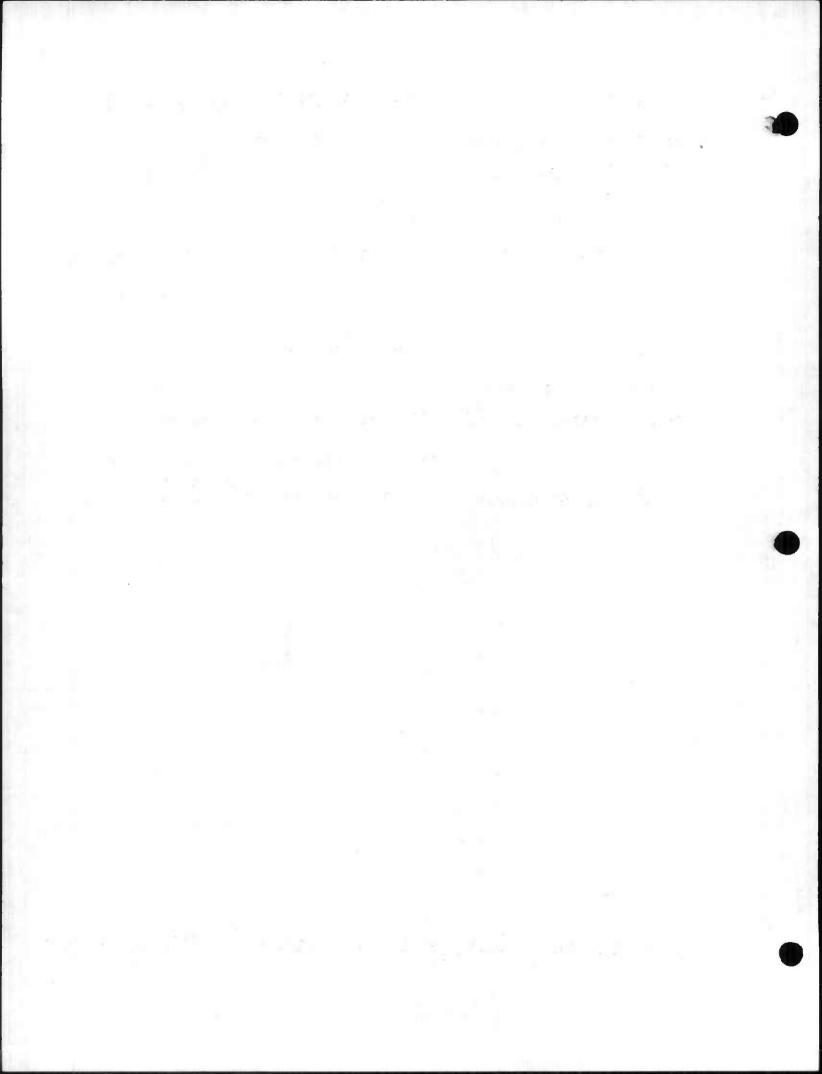
AUG 0 8 1997

Park W. Espenschade,

31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 2011) (Type, Print)

Jr., M.D., 419-F Malcolm Drive, Westminster, MD 21157 32. Registrar's Signature Juli Shudson Revall



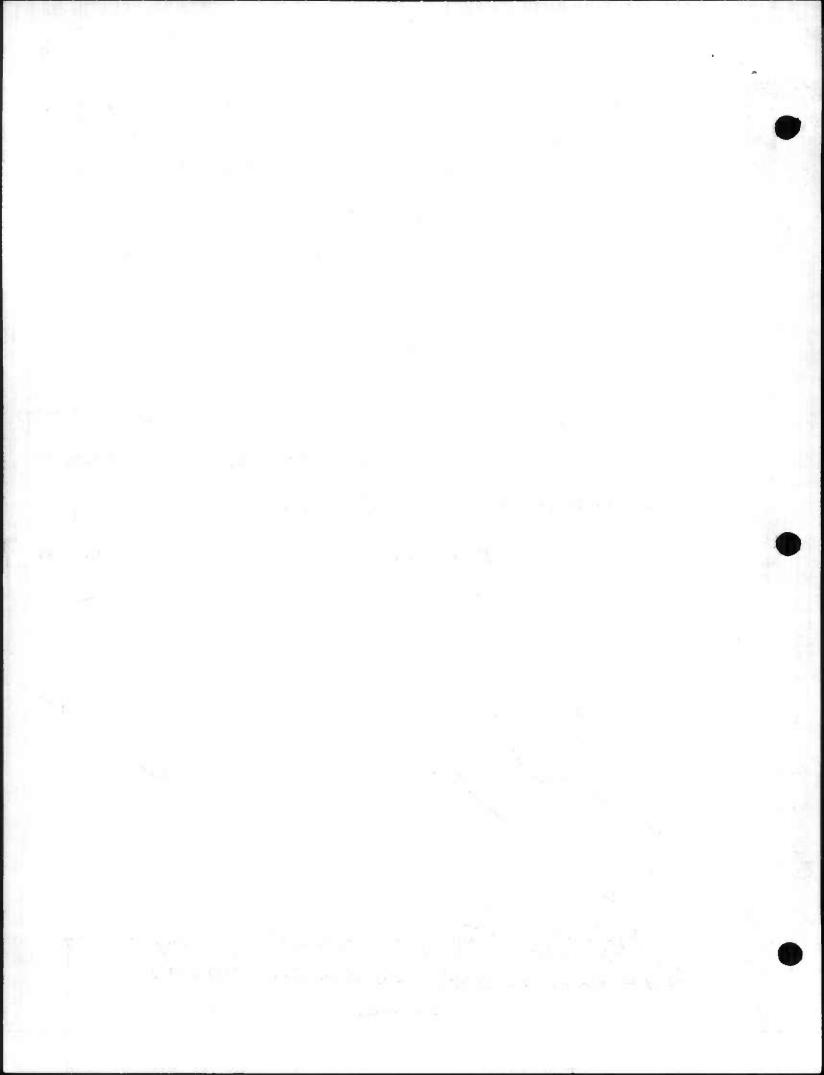
State of Maryland / Department of Health and Mental Hygiene 97

				C	ertificate of	Death	Re	eg. No.	20000
		1. Decedent's Name (First, Middle, Last)			T. 141		2. Date of Deet	h	3. Time of Death
Physic /Medi		RICHARD LEROY F	RIDENOUR				AUGUST	11, 1997	9:40 AM
Exami		4a. Facility Name (If not institution, give street				4b. City, Town, or Li		4c. County of Dear	
		502 LYNNEHAVEN D	RIVE			HAGERST	OWN	WASHIN	NGTON
Funerai		5. Social Sacurity Number 6. Sex	7. Age (In yrs	. last birthde	y) If Under 1 Yaar		8. Date of Birth		
Director		216-38-2317 <sup>1</sup> X <sup>M 2</sup>	□ F 55	Yrs.	Months Days	Hours Min.	OCTOBER	9. Bir 27, 1941 M	ÄŘÝLAND
p .		Usual Residence of Decedent							
show		10a. State 10b. County	10c. C	ity, Town or	Location				10d. Inside City Limits
a Ma	ct	MARYLAND WASHINGTON	H	IAGERS	TOWN				1 ☐ Yes 2 No
中 20 日	Director	10e. Street and Number			10f. Zip Code		10	0g. Citizen of What Co	ountry?
23a	<u>a</u>	502 LYNNEHAVEN DRIVE			21742	2		U.S.A.	
filed within 72 hours aftar death with the Maryland Hygiene. Ther than "natural", or items 23a or 28a-f show ant, the Medical Examiner must be notified at	Funeral	11. Marital Status 12. Wa	s Decedent Ever in U	J,S. 1	3. Was Decedent of	Hispanic Origin? (Spoan, Maxican, Puerto	ecify Yas or No-	14. Race - Ama	
or ite	F	1 Never Married 2 Married 1 2	Yes 2 No es, Give				niceri, etc.)	Biack, Whit	
ours Fr	by	3 ☐ Widowed 4 ☐ Divorced Ye	ar or Data \$959 -	1962	1□ Yes 2 No	Specify:		Specify:	VHITE
72 h	Completed	15. Decedent's Education (Specify only highest grede comp	(etect)	16e. De	cedent's Usual Occu	pation during most of work	ina	16b. Kind of Business	Industry
	P P		iaga (1-4or 5+)	life	. DO NOT use retire	ed)	mig		
other than	Son	12		CON	TROL ROOM	SPECIALIS	T	CEMENT MAN	NUFACTURE
d oth	Be	17. Father's Name (First, Middle, Last)				18. Mother's Name	e (First, Middla, M	Meiden Sumema)	
markad o	10	CHARLES LEROY RID	ENOUR			SARAH	JAYNE	BARROW	
s I and a should be lined within / a roll Haalth and Mental Hygiene. fem 27 is merkad other than "natur other traumetic event, the Medical	ľ	19a. informant's Name/Relationship (Type, Pri	nt)	19b. Ma	ailing Address (Stree	t end Number or Run	al Routa Number,	City or Town, Stete, 2	Zip Code)
Haalth Om 27 i		LINDA H. RIDENOUR		502	LYNNEHAVE	EN DRIVE,	HAGERSTO	OWN, MARYLA	AND 21742
of Had		20a. Method of Disposition		Plece of Dis	position (Name of remetory or other ple	ece)	Date 2	20c. Location - City or	Town, State
Pagas nant of I nrt: If ite		1 ☐ Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	Trom State				8-13-97	HAGERSTOWN	I MARVI AND
		21. Signature of Funeral Service Licensee	, OL	D/((1 L/	22. Name and Addre		0 10 07	TIAOLIISTOWI	Y, HALL LAND
Departi Departi Importu any fnji		R. hoof Bra	de	1	ANDREW K.	COFFMAN F	UNERAL H	HOME, INC.	
-	-	, , , , , , ,	Sourced the dee	th Donat	40 EAST AN	TIETAM ST	REET, HAG	GERSTOWN, A	1D. 21740 Approximate
		23a. Part1. Enter the disease, or complications shock, or heart failure. List only one ceus	on each line.	iii. Do not t	sitter tha mode or dy	ing, such as cerdiac	or respiratory arre	1951,	Interval Between Onset and De
hysician /Medical	17	Immediate Cause (Final		11	1:000	0			Oriset and De
xaminer		disaase or condition resulting in deeth)	ne 20	The	5110W	H			
	16		Due to (	or as a cons	sequence of):	11 6			
3 15	Examiner	b	O	IIC	pleur	747			
ding physician and sa as tha bunal-transit	xar	Sequentially list conditions, if any, leeding to immediate	Due to (	or es a cons	sequence of):				
ician	<u>e</u>	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury	H510	e5+	-05				
physician and s tha burial-transit	edicai	that initieted events resulting in death) Last	Due to (d	or as e cons	equence of):				
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attanding for usa	lan							i	
tha a	Physician	Part II. Other significant conditions contributing	g to death but not res	uiting in the	undertying ceuse gi	van în Part i.	23b. Did to	bacco use contribute	to the cause of death?
been signed by tha should be datached	Ph						10 Ye	s 2□No 3□P	robably 4 Unknown
De d	by			-					
ould s	ted						24a. Was ar	n autopsy 24b.	Were autopsy findings availabla prior to
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ata has paga 2	Completed						1 □ Ya	s 2 No	1 □ Yas 2 □ No
	0	25. Was casa referred to medical				28. Place of Deatl			10 100 2010
	0 8	examiner? 1 Yes 2 No Hospital	1 ☐ Inpatient 2 ☐	ER/Outpat	ient 3 DOA Ott	her		nce 8 Other (Spe	-26.0
年 層	7.1		Date of Injury	28b. Time				w injury occurred	ciry)
octor: Aftar by tha fune	tior	1 PNaturel 5 Pending	(Month, Dey Year)	Injury	Wo	rk? ]Yes 2 □ No		7,7,7	
ector: Aftar by the fune	lica	3 Suicida 6 Could not be	Place of Injury - At h	ome farm			28f Location /Str	reet and Number or Ru	irel Route Number
2 to 1	ertification:	4 ☐ Homicide determined 286.	building, etc. (Specil	(y)	onoer, ractory, onlos		City or Town		
eral filled	O	29e. Certifier	To the host of 1	wind-a d	ath onguered at the st	me deta and also	and due to the		stated
within 24 hours at To the Funeral D complataly filled i	edical	(Check only 2 Medical Examiner: On	the basis of exemine manner stated.	tion and/or	investigetion, in my	opinion, death occurr	ed at the time, de	use(s) end manner es ete end place, and due	to the cause(s)
within 24 hours after To the Funeral Dir complataly filled in	Mec	29b. Signature and fitie of certifier	manner stated.		29c, Licens	se number	00	ed. Data signed (Mont)	h Day Year
£ ⊢ 8		17/1/15	1111	7	250. Licens	000110	25	July Data signed (Niont)	(, Day, Toar)
		- 0.7 0000	NOU			4404		8/2	4/
		30. Name and address of person who complete				00 1'-			
		L. Duight	MO003	Stee	11110	Meduca	el (an	nous H	perstown

and the Park Street and St. SERVE SERVE Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 25634

						Ce	rtificate	of	Death			Reg. No.		
Physician /Medical	١	1. Decedent's Neme (First, Mi Blanche A		st) rta Ro	wland					2	2. Date of De Month		Year 1997	3. Time of Dea
Examiner		4e. Facility Name (If not institu Washington				al			-	erst	own,	Wash	y of Death lingt	on
Funeral Director		5. Social Security Number 219-36-3980	6. S	ex □ M <b>2</b> (2)4F	7. Age (In ) 9 6	rs. lest birthday Yrs.		Year Days	If Under 2 Hours	Min. F	B. Date of Bir (Month De eb. 2,	1901	9. Birthp Cour	lace (Stete or For MD
v 28a-f show anothfied at frector		Usual Residence of Decedent 10a. State 10b. Cou	•	gton	10c.	City, Town or L	ocation r Spr	ing	Ι,				1	0d. Inside City Lin
ritems 23a or 28a-fs river must be notified Funeral Director	2010	10e. Street and Number			Rd.		10f. Zip (		722			10g. Citizen of	What Cour	ntry?
D. D.	2	11. Marital Stetus  1 Never Married 2 N  3 Widowed 4 Divorce		12. Was Dec Armed Fo 1 Tes If Yes, Gi Year or D	orces? 2 X No ive	U,S. 13.	Was Decede If Yes, speci 1 Yes 2		Hispenic Origon, Mexican, Specify:	gin? (Speci Puerto Ri	ify Yes or No can, etc.)		ce - Americack, White,	etc.
tal Hyglene. d other than "natural", event, the Medical Exe Be Completed by	mipiered	15. Deca (Specify only hig Elementery/Secondary (0-12	hest gra	de completed)	1-4or 5+)		edent's Usual e kind of work DO NOT use nemak		pation during most d)	of working		16b. KInd of I		
item 27 is marked other than other traumetic event, the M	2000	4 years 17. Father's Name (First, Midd Ward Carba								r's Name (		Meiden Sume		
er trauma		19a. Informant's Name/Relation Daniel Row	19b. Mail 12.	ing Address 512 N	Street ati	end Number	ror Rurel I	Route Number	er, City or Town	n, Stete, Zip ring,	Code) MD 21			
int: If item 27 i	1	20a. Method of Disposition 1 ☑ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	cemetery, cre	Place of Disposition (Neme of cemetery, cremetory or other place)  L. Paul Cem. August 13,1997 Clear Spring, M										
Important: If any Injury or once.		21. Signature of Furieral Servi	ca Lican	See A	·		22. Name and Address of Facility  Thompson Funeral Home, Inc.  h. Do not a many many story as Cartier a respiral printing, MD 21772 imate							
attending physician and for use as the burial-transit using physician and control of the physician and	Trifficial amedical Examination	Immediate Cause (Finel disease or condition resulting In death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	{	a	Unler Due to	o (or as e conse	quence of):							Two wks
igned by the attent be detached for us by Physician		Pert II. Other significant cond		ontributing to d			underlying ca	use giv	ven in Part I.			tobacco use c Yee 2□ No		the cause of de bably 4 Dunk
has been s ya 2 should mpleted			en,	ility							24a. Was perfo	an eutopsy ormed?	ev co of	ere autopsy findin ailable prior to mpletion of cause death?
certific irector,	3	25. Was case referred to medi examiner? 1 \sum Yes 2 \sum No		Hospital:	1	☐ ER/Outpatie	nt 3□ DO/	Oth	hor		Check only o	one)		
After tl funera	Certification: 10	3 ☐ Suicide 6 ☐ Cou	stigation Id not be	28e. Dete (Mon	of Injury th, Dey Year	28b. Time of Injury M 28c. Injury at Work?  M 28c. Injury at Work?  1 Yes 2 No						ırred		
2 × E														
To the Funeral Director. completely filled in by the		29a. Certifier Certif	ying Phy	ysician: To the	best of my l	nowledge, deal	h occurred a	the tir	me, date and	d place, and	d due to the	cause(s) and n	nenner as s	tated.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month Year George Harvey RESH 00:10 Am 97 Aug 0 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Washington County Hospital Hagerstown Washington 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Yaar | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) May 12, 1927 9. Birthplace (State or Foreign 1XXM 2□ F Months Days Hours 220-18-2504 70 Yrs. Maryland Usual Residence of Decedent 10a. State 10b. County 10c, City, Town or Location 10d. Inside City Limits Washington Maryland Hagerstown 1 Yas 2 □ No 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 930 Noland Drive 21740 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Yaar or Dates: 1945/47 Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Black, White, etc. 11 Marital Status 1 ☐ Never Married 2 ☒ Married white 1 Yes 2 No Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) driver trucking 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Wesley Resh Frances Rhodes 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 930 Noland Dr., Hagerstown, Md. 21740 19a. Informant's Name/Relationship (Type, Print) Marguerite Resh - wife 20b. Place of Disposition (Name of cemetery, crematory or other place)
Broadfording Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from Stata 8-13-97 Hagerstown, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Servica Licansee 22. Name and Addrass of Facility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not reliar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final Kespiratory diseasa or condition resulting in death) neumonia Due to (or as a consequenca of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown refux 24b. Were eutopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Pulmonary 1 Yes 2 No 1 ☐ Yes 2 ☐ No disease 26. Plece of Deeth (Check only one) Hospital: 1 Pinpatient 2 ER/Outpatient 3 DOA

**Physiclan** /Medical Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

Be Completed by

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**Funeral** 

Director

show

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

the Meryland

filed within 72 hours after death with

Hyglene.

permit. Peges 1 end 2 should be flik Department of Heelth and Mental Hy Important: if item 27 is marked oth any injury or other treumatic event

7 is marked other treumatic event, to

21215-0020

Baltimore, Maryland

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Box 68760.

Harvey

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Division

ate has been signed by the e pege 2 should be detached t certificate or Attending Physician: After this filled in by the funeral deeth. efter deeth Hospital 24 hours To the Hosp within 24 hou To the Fune completely fi

Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Castroesophagea þ Be Completed ere bun Vascular monic 25. Was case referred to medical exeminer? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and menner as statad.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signatura and titla of contifiar

29c. License number

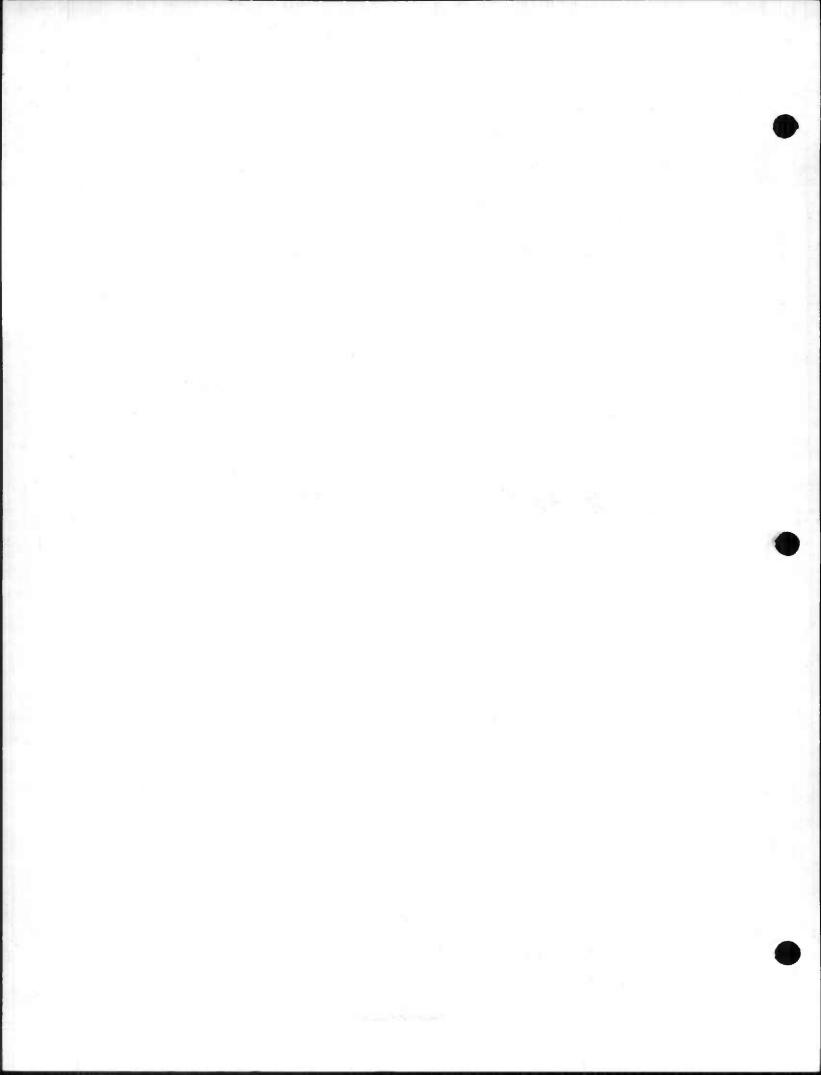
29d. Date signed (Month, Day, Year)

State Registrar

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) 324 Antietam St. M. D Theo doru

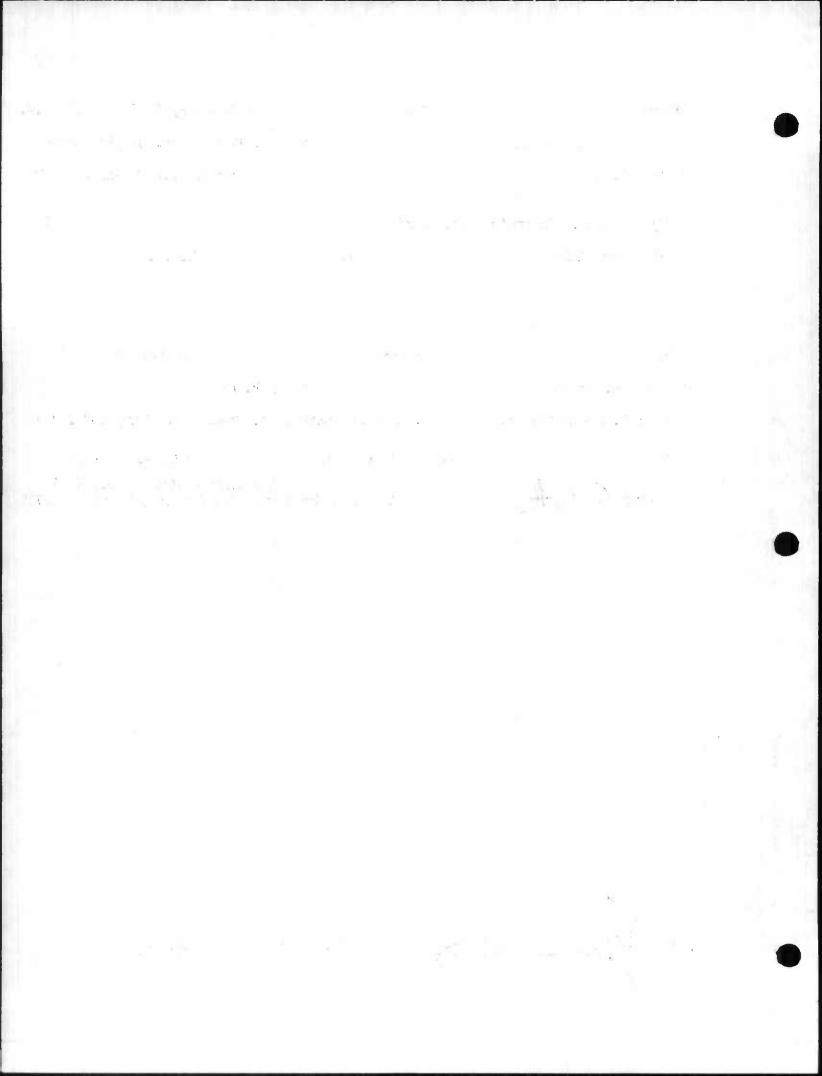
31. Date filed (Month, Dey, Year) AUG 1 2 1997 32. Registrar's Signature

Lulia Davidson



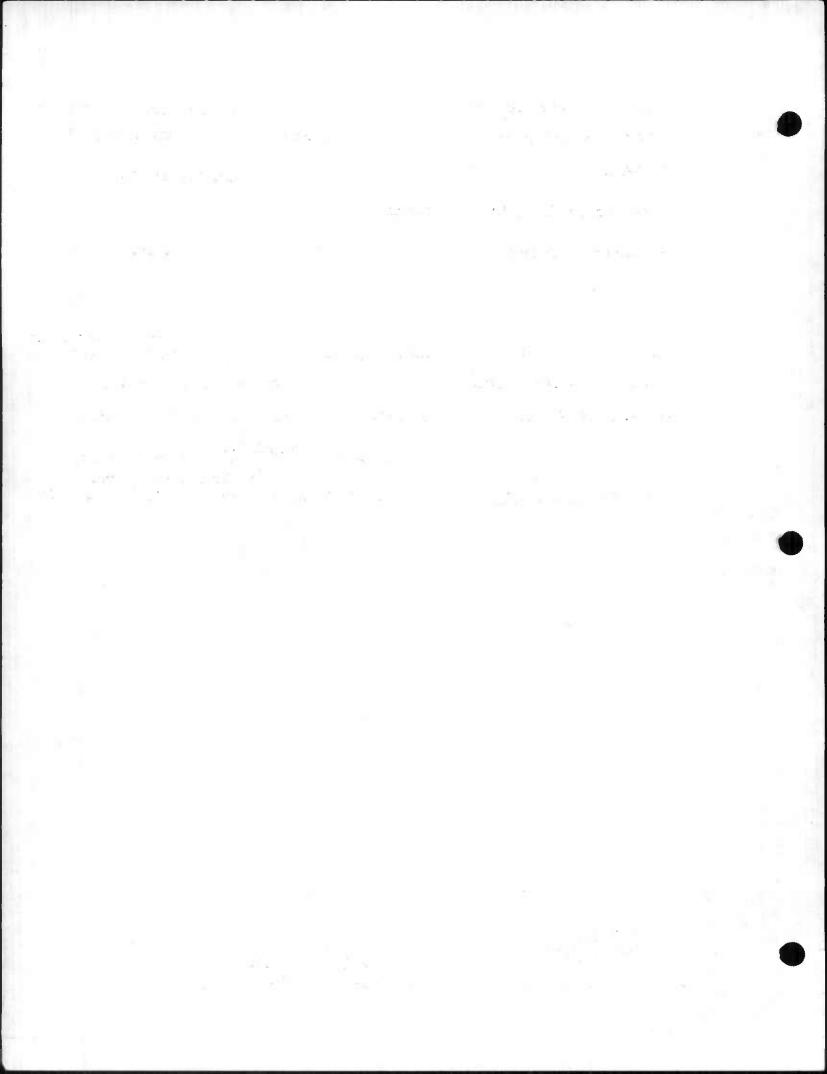
State of Maryland / Department of Health and Mental Hygiene 97 25636

Physicia /Medic Examin Funeral Director	al	Dacadant's Nama (First, Middla, La Mabel E     Aa. Facility Nama (If not institution, gin		Spi	nks		2. Data of E Month	Day	Yaar 3. Tima of Death
/Medic Examin	al			Spi	nks		-		
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se Marylan 8a-f show	Director	10a. Stata 10b. County  Maryland Prince (	George's		wn or Location shington				10d. Inside City Lim 1 ☐ Yes 2
with the		10e. Street and Number			10f. Zip Coda			10g. Citizen of	What Country?
s 23	20	8001 Veltri Drive	· · · · · · · · · · · · · · · · · · ·		20744			U.S.A.	
urs a	by Funeral	11. Marital Status  1 □ Navar Marrled 2 □ Marriad  3 ☑ Widowed 4 □ Divorced	12. Was Dacedant Armad Forcas? 1 ☐ Yas 2 🔀 If Yas, Giva Yaar or Datas:		13. Was Dacedant of If Yas, specify Cul	ban, Maxican, P	7 (Specify Yas or Nuarto Rican, atc.)		e - Amarican Indian, ck, Whita, atc. White
l within 72 hours lene. than "natural",	Completed	15. Dacedant's E (Specify only highast gra	ada complatad)	168	a. Decedant's Usual Occu (Giva kind of work done lifa. DO NOT usa ratin	upation a during most of ad)	working	16b. Kind of B	usiness/Industry
	E	Elemantary/Secondery (0-12) 12th	Collega (1-4or !	0+)	ousewife	,		Homema	ker
年工名を		17. Fathar'a Nama (First, Middla, Last,	)	11	OGDCWIIC	18. Mothar's	Nama (First, Middl		
0 0 0 0	To Be	William H. Martir	ì			Laura	a V. Haze	1	
d 2 sh th and 7 Is m traum	-	19a. Informant's Name/Relationship ( Arthur R. Coker (	Type, Print)		b. Mailing Addrass (Stree	et and Number o	r Rural Routa Num	ber, City or Town,	Stata, Zip Code)  Saryland 20744
of Health of Health of Itam 27 or other tr	-	20a. Mathod of Disposition		20b. Place	of Disposition (Name of		Data	-	City or Town, Stata
age ent o tr: H y or		1 Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification)			ary, cramatory or other pla Hill Cemete	ery		Suitlan	d, Maryland
Departme Departme Importan any Injur		21. Signature of Funaral Sarvice Licer	nsee		22. Nama and Addr	rass of Facility I	Lee Funer	al Home,	Inc., 6633 Maryland 207
Physician /Medical Examiner		23a. Part1. Enter the fdiseasa, or com shock, or heart feilure. List only Immediata Causa (Final disease or condition resulting in death)	ona causa on aach lii	na.	consequence of):	ring, such as cer	rdiac or raspiratory	arrast,	Approximata Interval Batween Onsat and Death  48 (4
certificate be ding physicla se as the bur	In/Medical Examiner	Saquantially list conditions, if eny, laading to Immadlata ceuse. Enter Undartying Causa (Disaasa or injury that initiated evants rasulting in deeth) Last	b		consequence of):	ut Ja	len		4362
death ed for	Physician	Part II. Other significant conditions of	ontributing to death be	ut not resulting	In the underlying cause g	ivan in Part I.	23b. Did	i tobacco uee co	ntribute to the cause of deat
5 00	by Phy	Dementio	Semi	h			10	Y 22 No	3 Probably 4 Unkno
e law requires has been sign ge 2 should be	Completed	Ostro and	duly					s en autopsy formed?	24b. Wera autopsy findings available prior to completion of cause of death?
The la	5						10	Yas 2 No	1 ☐ Yas 2 ☐ No
ysicien: The is certificate director, pag		25. Was casa rafarrad to medical axaminar?				26. Placa of	Death (Check only	ona)	
5 00	0	1 Yas 2 No	Hospital: 1 Inpatla	nt 2 ER/O	utpatiant 3□ DOA OI	thar: 4 Nursir	ng Homa 5 Ras	idance 6 Oth	ar (Specify)
Attending Ph or death. ector: After thi by the funeral		27. Mannar of Deeth  1 Alatural 5 Panding 2 Accidant Invastigation	28a. Data of Inju (Month, Da)		Tima of Injury Mo			how Injury occur	
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	Certification:	3 Suicida 6 Could not be datarmined	28a. Place of Injubuilding, atd	ury - At homa, for (Spacify)	arm, straat, factory, office		28f. Location City or To	(Straat and Numb own, Stata)	per or Rural Routa Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	_	29a. Certifier (Check only one) Certifying Ph	yalcfan: To the best of niner: On the bests of and mannar sta	axamination er	e, deeth occurred at tha tind/or invastigation, in my	ima, dete end pl opinion, daath o	lece, and dua to the occurred at the time	cause(s) and ma , dete and plece,	enner as steted, end due to the ceuse(s)
omp omb	100	29b. Signature and title of certifier			29c. Lican	sa nu <i>m</i> ber	The second	29d. Data signe	d (Month, Day, Year)
- 5 - 0		• //-	0	0	7	0135	()	8/12	67
		on Name of		<b>→</b> )		200		-/-/	// /
	100	30. Name and address of person who o	completed cause of di	eath (Item 23a)	(Type, Print)				



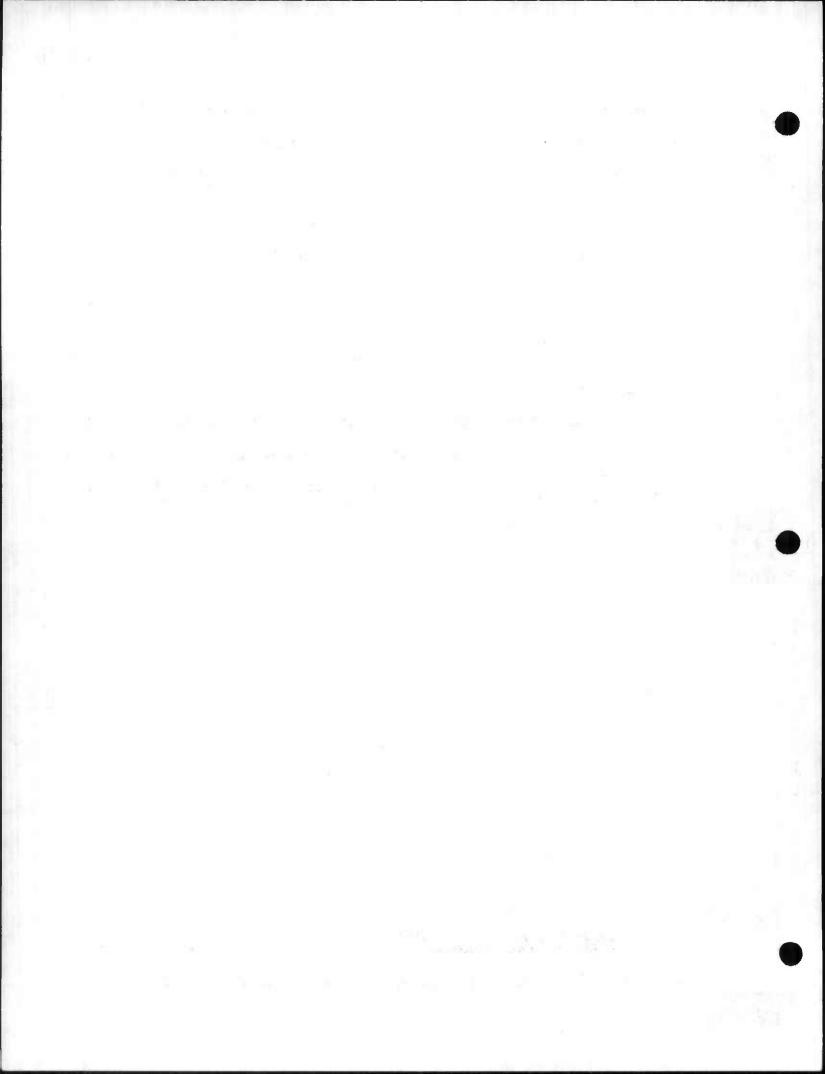
Peges 1 and 2 should be filed within 72 hours after death with the Maryland ment of Health end Mental Hygiena.  In the marked other than "natural", or items 23a or 28a-f show and color than "natural", or items 23a or 28a-f show and color than "natural", or other traumatic event, the Medical Evanteer must be not end of the color of the marked by Funeral Director.  To Be Completed by Funeral Director	4a. Facility Nama (II not institution, git 5919 Chris—Mar 5. Social Sacurity Number 537—24—8025  Usual Rasidanca of Dacadant 10a. Stata 10b. County Maryland Prince 10a. Streat and Number 5919 Chris—Mar 11. Marital Status 1 Nevar Marriad 22 Married 3 Widowed 4 Divorced (Specify only highast gr. Elementary/Secondery (0-12) 12  17. Fathar's Nama (First, Middla, Last John Patr:	wrence Smith  va street and number)  Avenue  Sax  T. Aga (In yrs. la 65  George S  10c. City,  Avenue  12. Was Decedant Evar In U,S  Armed Forces?  1 Tyas 2 Do If Yes, Giva  Yaar or Datas:	Town or Location  Clinton  10f. Zip Coda 207  13. Was Dacedent of If Yas, specify Cul 1 Yas 2 No.	4b. City, Town, or Location Clinton  To If Under 24 Hrs. 8. 6 B Hours Min. 8. 6 N  35  Hispanic Origin? (Spacify ban, Maxican, Puarto Ricar	Pri Data of Birth Month, Day, Yaar) IOV. 20,193	9. Birthplaca (Stata or Foreign Country)  1 IOWa  10d. Insida City Limits 1 Yas 2 No
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permit. Peges 1 en Depertment of Heal Important: If Item 2 any Injury or other 20058.				18. Mothar's Nama (Fin		
	19a. Informant's Name/Ralationship Nancy M. Smith (1		19b. Meiling Addrass (Stree 5919 Chris-M	at and Number or Rural Ro ar Avenue Cl	uta Number, City or To inton, Mar	ywn, Stata, Zip Code) yland 20735
	20a. Mathod of Disposition  1X Burial 2 Cramation 3 5 4 Donation 5 Other (Special	Ramovai from Stata	ca of Disposition (Nama of matery, cramatory or other pl Land Cemetery	August 1	1, Blan	ion - City or Town, Stata d Virginia
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physician and strength and stre	Immediata Causa (Final disaesa or condition rasulting in daeth)  Saquantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaesa or injury that infliated avants rasulting in death) Last	c	as a consequance of):	ner, Strye Ti	7	Phos.
tha de sched	Part II. Other significant conditions of	contributing to death but not result	ing In the undarlying causa g	ivan In Part I.	23b. Did tobacco use	s contribute to the cause of death?
aw requires the speed 2 should be d					24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to complation of causa of dasth?
ysician: The la director, page director, page	25. Was case referred to medical axaminar?			28. Placa of Daath (Ch	1 □ Yas 2 ☑ N eck only ona)	lo 1 Yas 2 No
S 5 5	1 Yas 2 No  27. Manner of Death 1 Natural 5 Panding 2 Accidant Invastigatio	28a. Data of Injury (Month, Day Year)	18b. Tima of Injury 28c. Injury		5 Rasidance 6 D Dascribe how Injury oc	
545 E	3 ☐ Suicida 6 ☐ Could not be datarmined		a, farm, streat, factory, office	28f. L	ocation (Street and Ni City or Town, Stata)	lumber or Rural Routa Number,
within 24 hours a To the Funeral Completely filled	29a. Cartifier 1 Certifying Pt (Check only one)	nysician: To the best of my knowled miner: On the basis of examination and manner stated.	edga, daath occurred et the t in and/or invastigetion, in my	ime, dete end plece, and d opinion, daeth occurred et	ue to tha causa(s) and the time, dete end pla	d mannar as stated. ice, and dua to the causa(s)
within To the complete of the	29b. Signatura and attle of cecifier	<b>\</b>	29c. Lican	sa numbar	29d. Data si	ignad (Month, Day, Year)
State 3	my Juff		3a) (Type Print) Kai	Yeung M.D.		8/6/97

DHMH 16 Rev 6/95



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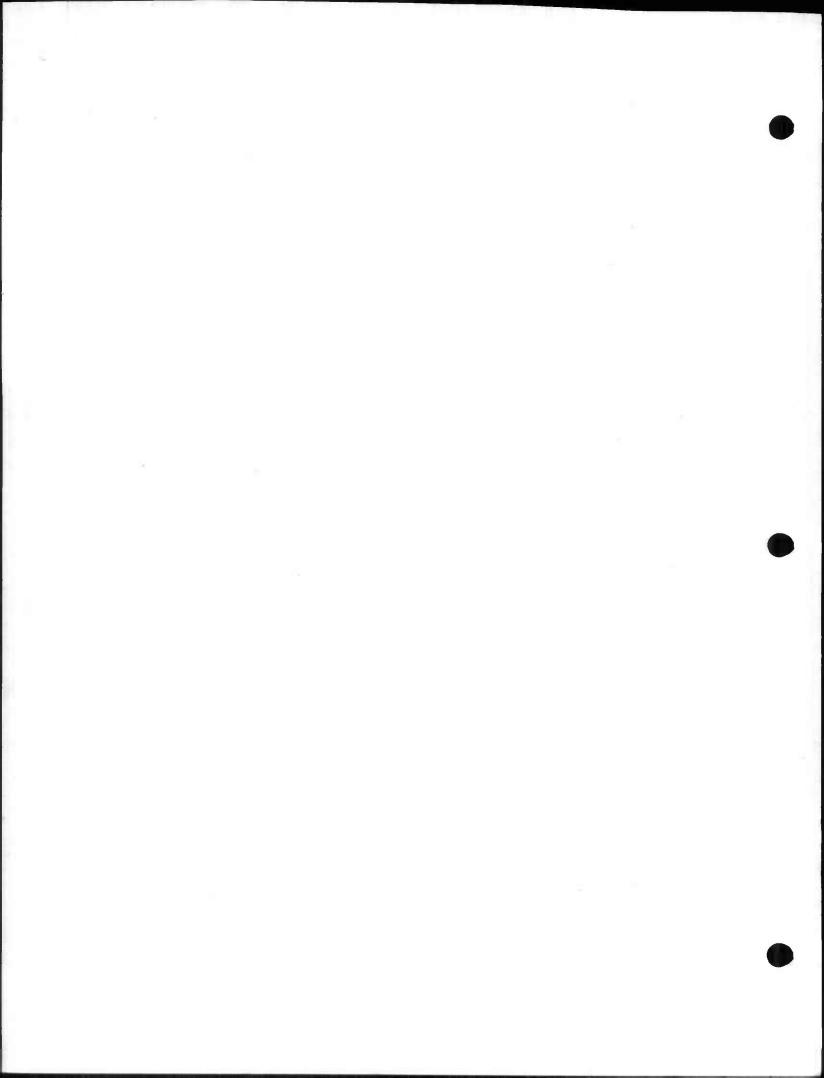
						Maryla		Certificate		Death	Wichtairi	Reg. No.	91	25638
н	Physici	an	1. Decedent's Name	(First, Middle, I	Last)						2. Dete of D Month	eeth Dey	Yeer	3. Time of Deeth
	/Medi		Leona Ja	ne Sava	ige						August		97 .	9:11 P.M.
	Examir		4e. Facility Neme (If I	not institution, g	rive street end num	nber)				4b. City, Town, or			unty of Deet	
			Goodwill	Mennor	ite Home					Grantsvi	lle		Garret	r+
Г	Funeral		5. Social Security Nur		Sex	7. Age (In yr	s. last birt	hdey) If Under 1		If Under 24 Hrs	8. Date of B	irth		hplece (Stete or Foreign
	Director		215-36-9 Usuel Residence of D		10 M 20F	83	1	rs. Months	Deys	Hours Min	April			ryland
	deryland f show	or		10b. County	and the second	10c. (	City, Town	or Location						10d. inside City Limits 1 ♥ Yes 2 □ No
	the )	Director	MD 10e. Street end Numb	Garre	tt			Acc		ent				••
	E &							10f. Zip (	,ode			10g. Citizer	of Whet Co	untry?
	ath 23	ral	101 Town	View D						1520			USA	
50	hours effer death with the Meryland ural', or items 23a or 28a-f show all Examiner must be notified at	by Funeral	11. Maritei Status  1  Never Merried		if Yes, Giv	ces? 21⁄2 No	U,S.	13. Wes Decede If Yes, specif		Hispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or N to Ricen, etc.)		Race - Ame Bleck, White pecify: Wh	e, etc.
Maryland 21215-0020	d within 72 hours piena. r than "natural", tra Mod del Equ	Completed b	3 Widowed 4	5. Decedent's	Yeer or Da Education	ites:	16e.	Decedent's Usuel	Occur	petion			of Business/	
21		ple	(Specify Elementery/Second		rede completed) College (1	Aor 5.	-	(Give kind of work life. DO NOT use	done	during most of wo d)	rking			
21	d withir piena. r than	Eo	7	July (U-12)	College (1	401 34)		Do	mas	stic		House!	keepin	ng
g	be filed withing that hygiena.  d other than event, the Manager of	Bec	17. Fether's Neme (Fi	irst, Middle, Las	st)				IIIC		me (First, Middle	e, Maiden Su	meme)	
<u>a</u>		ToB	Charles	Tsaac W	right					Carrio	May Le	_		
7	2 should and Men is marked	-	19a. informent's Nam				19b	Mailing Address /	Street	end Number or R			num Ctoto 7	Zin Codo)
N	2 2 2		Marilyn			daught				or Stree				21502
e	s 1 end 2 should if Haelth and Mer ttem 27 is marks other traumatic		20e. Method of Dispos		ige/ Grand			Disposition (Neme		OL SCIE	Dete Dete		ion - City or	
Baltimore,	8 = 5			Cremetion 3	Removel from S		cemetery	, cremetory or oth	er ple	y, Aug.8,		McHen		
Bal	parmit. Pa Departmer Important: any injury once.		21. Signeture of Fune	eral Service Lic	mau				Fun	eral Hom				er Street
			23e. Pert1. Enter the shock, or heer t	diseese, or co	mplications that ca	used the de	eth. Do n	ot enter the mode	of dyir	275, Gra	c or respiretory	e, MD errest,	21536	Approximete
	Physician		snock, or need i	reliure. List on	y one ceuse on ee	ech line.								Intervel Between Onset end Deeth
	/Medical		immediate Ceuse (Fir	nel										1
	Examiner		disease or condition resulting in deeth)		e. athe				ova	scular d	isease			l year
		ē				Due to	(or es a c	onsequence of):					1	
	nsit	듵			b			,						
<u>,</u>	cate be axecuted physician and s the burial-transit	Examiner	Sequentially list cond if eny, leeding to imm ceuse. Enter Underly	itions, ediete		Due to	(or es e co	onsequence of):						
290	sicia bur	Sa.	Ceuse (Diseese or inj	jury	C								1	
	E 00 66	Medical	resulting in deeth) Les	st	I d	Due to (	or es e co	onsequence of):						
Bo	ires that the death cer signed by the ettendir d be detached for use	Physician/N							,					
o	e de the ped	/slc	Pert li. Other significa	ant conditiona	contributing to dea	ath buf nof re	sulting in	the underlying ceu	ise giv	ren in Pert i:	23b. Did	tobacco use	contribute	to the cause of death?
<u>.</u>	at th	F	rheumati	o boort	disassa	ohro	nio	obstanct	1370		10	Yes 201	No 3 Pr	obably 4 Unknown
Ś	gner th	þ	Theumati	C Heart	uisease	, CHIC	ште	obstauet	TAG	-				
Division of Vital Records, P.O. Box	neen	Completed	lung dis	ease								en eutopsy ormed?	6	Were autopsy findings evelleble prior to completion of cause of death?
æ	Tha law ate has b page 2 s	E										Mar. 180		
g	h: T		OF Mine and address	4 4								Yes 200 N	10 1	Yes 2 No
5	ysiclen: Tha law is certificate has b director, page 2 s	<b>60</b>	25. Wes case referred exeminer?		Hospitel:		3		Oth	-	eth (Check only			
ō	Phys this rai di	-T	1 ☐ Yes 2 X No 27. Menner of Deeth	,	1 LI In		1	patient 3 DOA		441 Nursing F	lome 5 Res			city)
Sion	Attending Physicien: or death. ector: After this certific. by the funeral director.	ation	1 Neturai 2 Accident	5 Pending Investigation	on	, Dey Year)	28b. Ti	ury M	injur Wor	y et k? Yes 2 □ No	28d. Describe	now injury or	curred	
DIX	s after dt ii Directi ed in by t	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determined	286. Piece (	of injury - At I g, etc. (Spec	nome, ferr ify)	n, streef, factory, o	office		28f. Location ( City or To	Street end N wn, Stete)	um <i>ber or R</i> u	rel Route Number,
	To the Hospital or Attending Physic within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral directors.	edical	29a. Certifier 15 (Check only 25 one)	X Certifying P ☐ Medical Exa	hysician: To the base	is of exemin	owledge, etion end/	deeth occurred et for Investigetion, in	the tin	ne, dete end plece pinion, deeth occu	e, end due to the arred et the time,	ceuse(s) end dete and pie	d manner es ece, and due	stated. to the cause(s)
	Nithin To th	0.00	29b. Signeture end title	e of cartifie			:4	29c. l	icens	e number		29d. Date si	igned (Month	n, Dey, Year)
			· M	Mellin	Han				575	59		August		
		4	30. Neme and address Walter K.						, A	accident,	MD 215	20-024	7	
	Stat Registra		31. Dete tiled (Month,	Pay, Yeer)	1997 D	gistrar's Sign	eture	Rodall					4 1	-14-17.14
							- MARIN	WWW Coll						



JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Deat of Health and Mental Hydiene prior to burial, cremation, or removal.	is any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill the find within 20 haurs after death with the State Dept. of Health and Mental Hoteline prior to burial, cremation	or item 23 shows any injury, or other traumatic ev

31. DATE FILED (Month, Day, Year) AUG 15 '97

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				DEFTITI	2. DATE OF	DEATH			. TIME OF D	EATH
	ESTHER ROSE	SENECA				Augus	t 12	199		1821	hrs M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	8. E	_	LACE (Stete o	r Foreign
	071-03-2080	1 M 2 F 8	3 YAS.	CITY TOWN O	HOURS MIN.	Jan	17,1914		New	V York	
TOR	25900 Dogwood Rd.			Gree	nsboro			Car	oli	ine	
DIRECTOR	10e. STATE 10b. COUNTY	coline		own on Locate						Od. INSIDE C	
	10a. STREET AND NUMBER			101.	ZIP CODE		100	. CITIZEN		AT COUNTR	
8	25900 Dogwood Rd.				21639	9			USA		
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN	VIC ORIGIN?		0— 14.	RACE -	- American	ndlen,
BY F	I C Marai marina C Wallian	IF YES, GIVE WAR OR DA			NO Specify		nn, etc.)		Specify:	White, atc. Whi	te
	3 Widowed 4 Divorced			<u> </u>							
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	FION xmpleted)	(Give kind of work life. Do NOT use re	done during mos	N st of working	16b. Ki	ND OF BUSINES	SS/INDUST	RY		
٦	Elementary/Secondery (0-12)	College (1-4 or 5+)				ch	ildcare	2			
M	17. FATHER'S NAME (First, Middle, Last)		day car	re prov	16. MOTHER'S NA	ME /Eimt Mid	dia Maidan Cum	ama)		_	
	Fred C. Daetsch					abeth	ule, Melden Sumi	arries)			
BE	190. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street o	ETTZ and Number or Rural		City or Town, Str	ite. Zip Cod	in)		
2	Joseph D. Seneca				d Rd.,					19	
	20a, METHOD OF DISPOSITION	20b.	PLACE AND DATE OF D	ISPOSITION (Na		DATE	20c. LOCATIO				1
	1 Buriel 2 Cremetion 3 Remov	Ch	etery, cremetory or other esapeake	Cremato	ry	813/	Cheste	er, M	D		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAMETAN	PARTES OF FA	MeTfen	bein Fu	ınera	1 F	lome	
	+the /	El 1		Gre	ensboro	, MD					
	23. PART I. Enter the diseases, or co	mplications that caused	the death. Do not	enter the mo	de of dying, suc	h aa cardle	c or respirato	ry arrest,		Approx	cimata
ı	ahock, or heart feilure. Li IMMEDIATE CAUSE (Fine)	at only one ceuse on ee	ech line.								Batween and Death
	disease or condition resulting in death)	Hypox.	a							da	
	resulting in death) , a.	DUE TO (OR AS A	CONSEQUENCE OF):		_					- Can	75
z	Convention to the second state of the	Chron	vic Obs	tructiv	e Pulm	overy	Disc	SC		ye	ias
일	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			/					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE 70 (00 40 4	CONSEQUENCE OF):							-	
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							İ	
CERTIFICATION	d.									1	
AL	PART II. Other aignificent conditions	contributing to death be	ut not reaulting in t	he underlying	ceuse given in	Part I. 2	4s. WAS AN AUTO			VERE AUTOPS	
	Conjective Hea		Deme			1	☐ YES 2		- 0	OMPLETION OF DEATH?	
MEDIC	Aortic Stenosis		asis, Hip						1	YES 2	□ NO
ä	DID TOBACCO USE CONTRI				UNCERTAI	N/Z					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (	THER:							
YS	1 YES 2 NO	1 Inpetient 2 ER/Outp	atient 3 DOA 4	☐ Nursing Hom	e 5 Residence						
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O		RK?	26d. DESCI	RIBE HOW INJUI	RY OCCURI	ED.		
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	— At home Jerm etres			20f LOCATI	ION (Street and h	lumbar as E	Rural Ba	uta Mumbar	
	3 Suicide 8 Could not be 4 Homicide determined	building, stc. (Spec	building, stc. (Specify)  City or Town, State)				ote mannoet,				
COMPLET	29e. CERTIFIER										
MP.	anal and	AN: To the bast of my knowl On the basis of exemination							(a)	and manner	an eteled
		- Samuello		, spinion, 0							
8	29b. SIGNATURE AND JITLE OF CERTIFIER	1) + M	N		D 47		294	DATE SI	SNED (	Month, Day, Y	oar)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	27/	TIL		8	11	3/9	
	Po Box 122			2/47	107						
	31. DATE FILED (Month, Day, Year)	1 32 REGISTRAR'S SIGNA	ATIME	214/	/						
	AUG 15 '97	- www.dsor	-Manage								



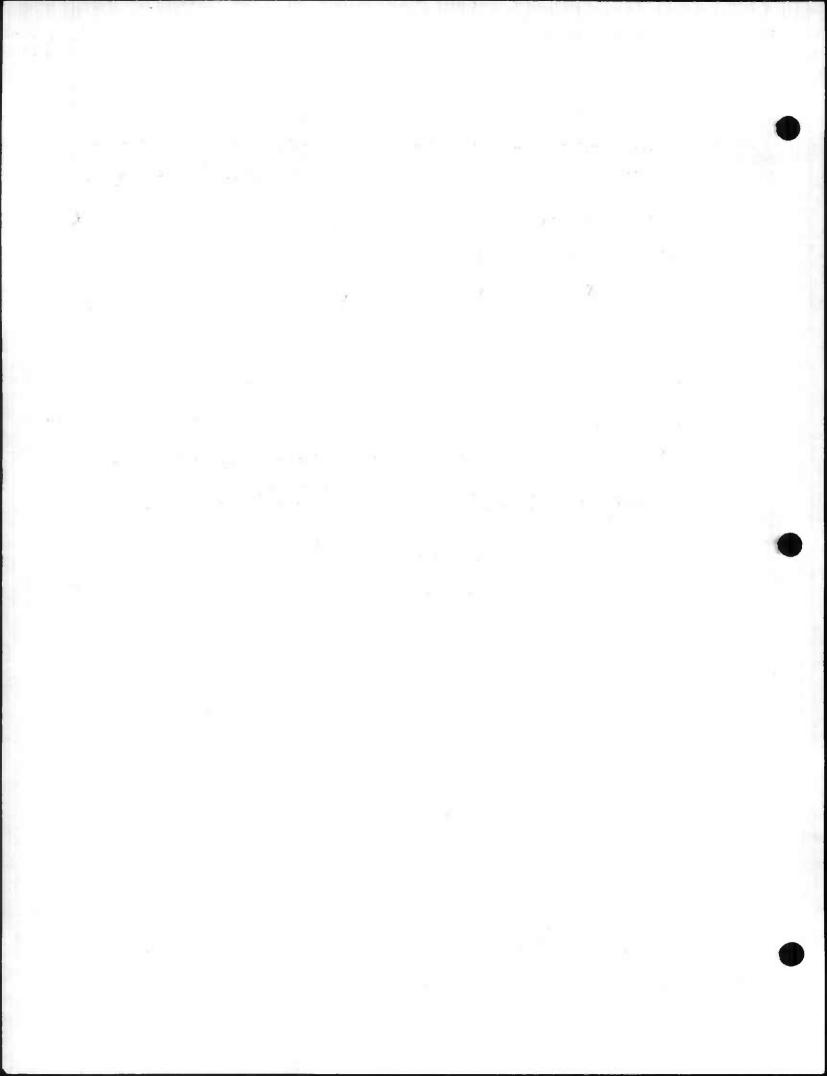
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State of Maryland / Department of Health and Mental Hygiene 97 25640

								Cer	titicate	e of i	Death			Reg.	No.		
1	Dhuala	ion	1. Decedant's Nam										2. Date of I	Death	Day	Year	3. Time of Death
	Physic /Medi		John I	P. Saund	ers								August	. 0	3	1997	11:45 a.m
	Exami		4a. Facility Nama (		giva street and n	umber)				4			ocation of De	ath	4c. Count		
			5911 C			1 = 2 4			If Undar	1 Vans		dlet				ceste	
ı	Funeral Director		5. Social Security N 222–16–7	885	3.Sex 1⊠M 2□F	7. Aga (In	n yrs. lest birt	rs.		Days	If Undar Hours	Min.	8. Data of 6 (Month, June 6	Dey, Yo	931	9. Birthp Coun L	lace (Stete or Foraign try) E
	pur *		Usuai Residence o 10a. State	Decedent 10b. County		10	c. City, Town	orloc	etion							1	Od Jacida City I legita
	e Marylan la-f show	ctor	MD		cester		Gird										0d. Inside City Limits  1 ☑ Yas 2 ☐ No
	or 28	Oire	10e. Straat and Nu	mber					10f. Zip	Code	-			10g	Citizan of	What Coun	itry?
	23a	2	5911 C	Road					21	829						U.S.	
20	be filed within 72 hours effer death with the Maryland niel Hygiene.  Id other than "natural", or flams 23a or 28a-f show event, I're Medical Evarricat must be neithed at	by Funeral Director		ied 2⊒Marrie	If Yes, G	orces? 2 🔯 No live	r in U,S.		Vas Decede Yas, speci		ispanic Or in, Mexica Specify:		pecify Yes or I Rican, atc.)	No-		ca - Americ ick, White,	etc.
00	ural'		3 Widowed		Year or I	Datas:	1.770									DIG	
Maryland 21215-0020	in 72 net	Completed			greda completed,		16a.	Deced (Giva k life. D	ent's Usual aind of world ONOT use	l Occup k <i>done c</i> e <i>retirec</i>	ation <i>during m</i> os ()	st of work	king	16	b. Kind of B	lusinass/Ind	dustry
212	filed within Hygiene.	E	Elementary/Seco	ondery (0-12)	College	(1-4or 5+)					nger				Po	ultry	
p	Hyg other	BeC	17. Father'a Nama	(First, Middle, La	est)					- 110			e (First, Midd	le, Mei		-	
lar	12 should be filed v n and Mentel Hygie 1s marked other traumetic event, In	ToB	unknow	n							Jose	phin	e Saun	der	S		
ary	shou and N mer		19a. Informant's N	ame/Reletionshi	p (Type, Print)		19b.	Mailln	g Address	(Street	-		ral Route Nun			, Stete, Zip	Code)
	s 1 and 2 should f Heelth and Mer ftem 27 Is merke other traumatic		Emma M	. Saunde	ers/wife		59	11 (	C Roa	d, (	Girdl	etre	e, MD	218	29		
ore,	of Heelth Hem 27		20a. Method of Dis			-	Ob. Place of	Dispos		e of		T	Date	_		- City or To	wn, Stata
Baltimore,	9 = = 9			☐ Cramation 3 5 ☐ Other (Spe	□Removal from	State	Coolsp		-			v 8	/9/97	G	irdle	tree,	MD
alti	Department Important: any Injury		21. Signature of Pu	meral Service Li	censee /		-	22.	Name and	Addres	s of Facili	ty					
m	Depa Impo		1 to	200	Ud				Lewis 1618	N. West	Wats	on F	uneral Salisbu	Ho	me MD 2	1801	
			23a Parti. Enter t	he disease, or c	omplications that	caused the	death. Do n									1001	Approximete
V	Physician		entick, or nea	irt fallure. List of	ny ona causa on	aach iina.										i	interval Between Onset and Death
И	/Medical		Immediate Cause disease or condition	(Finai	a. Me	1	1.1			F	no at	110	_ (		CRIT	1	3
В	Examiner		resulting In death)	41	a. 4.18		to (or as a c				03/1	4			CEP		cyrs
_	n æ	ner					(0)									1	
	icate be executed physician and s the burial-transit	Examiner	Sequantially list co	nditions,	b	Due	to (or as a c	onsequ	enca of):								
Ö,	e exe		Sequantially list co if sny, leading to in cause. Enter Unde Cause (Disease or	nmadiate erlylng													
68760,	ate b hysic the b	dica	that initiated events resulting in daath)	Last	C	Due	to (or as a co	nsequ	ence of):								
	E 0 6	/Medical		111111												1	
Box	C 3				0											1	
0	e de pe	Physician	Part II. Other signif	icant conditions	contributing to d	death but no	ot resuiting in	tha un	derlying ca	use give	en in Part	i.	23b. DI	d toba	cco uae co	ontribute 10	the cause of death?
ď	requires that the death seen signed by the etter hould be detached for t												18	Yes	2 8 No	3 Prot	pably 4 Unknown
S,	signe t bed t	b		W-d-												T	
0	v require been si should	Completed											24a. Wa	is an a		ava	ara autopsy findings allable prior to apletion of cause
ě	aw Is L	du													,		deeth?
<u> </u>		S											10	Yes	210 No	10	Yes 2□No
of Vital Records,	Physicien: The this certificate rail director, pag	Be	25. Was case refer examiner?	red to medical	NI 10 I					Last		e of Deal	th (Check only	one)			
5	Physic this o	2	1 ☐ Yes 2	1			2 ☐ ER/Out				4UN	ursing Ho	ome 5 Ra	_			1)
ŭ		inol inol	27. Menner of Deat	5 Pentling	,	of Injury oth, Dey Yea	ar) 28b. Ti	me of Jury		lc. Injury Worl			28d. Describ	e how	injury occu	red	
Sic	the the	cat	2 ☐ Accident 3 ☐ Suicida	investigat	t he	11112			М		Yes 2 🗌	No		100			
Division	or Attendent effer deet Director:	ertification:	4 Homicide	determin	ed 28a Place	e of Injury - ling, etc. <i>(S</i> )	At home, far pecify)	m, stre	et, factory,	office			28t. Location City or 7			ber or Rura	l Routa Number,
	urs e urs e lilled	O	70- C-4W-														
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one)	2 Medical Ex	Physician: To the aminer: On the b	pesis of exa	y knowledge, mination and	death or inve	occurred a astigation,	t the tim	ie, date an pinion, des	ith occur	and due to the red at the time	e caus e, date	e(s) and m and pleca,	anner as st and due to	ated. the cause(s)
	To the within 2 To the comple	Mec	29b. Signature and	title of certifiar	and mar	ner stated.			29c.	License	a number			29d	Date signs	ed (Month, i	Day Year)
	5 × 5 0		N	1.	1/1	/	Day	1 7	1		11/20	46	1)		01	010	2/7
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	Registi	100	Δι	JG 0819	97 July	WILLIAM .	ger - se o	700									
	CONTRACTOR OF THE PARTY.	-			100	LL.											

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					Ce	rtificate	of i	Death			Reg. No.		
Dhunisis		1. Decedent's Nema (First, Middla, L	ast)		11-					2. Data of Dec	-	Voor	3. Time of Deat
Physicia /Medic		Curtis Wilb	ert S	naw						augus	1 11	1997	0942
Examin		4e. Facility Name (If not institution, gi	ve street end nu	n <i>ber)</i>			4	b. Cify, Tow	m, or Lo	ocation of Death	4c. Coun	ty of Death	
		PENINSULA REGIO	NAL MEDI	CAL CEN	TER			SAL	ISB	URY	1	VICOM1	CO
Funeral Director		228-07-6905	Sex 1□M 2□F	7. Age (In yrs. I	est birthday) Yrs.		Yaar Days	if Undar 2 Hours	4 Hrs. Min.	8. Deta of Bird (Month, De Mar. 9	y. Year) 1914	Cour	place (Steta or Fore ntry) ginia
and *		Usual Residence of Decedent  10a. State 10b. County		10c City	, Town or Lo	ocation							Od. Inside City Lim
the Marylan 28e-f show notified at	ector	Maryland Wico	omico			Salish	-	У	۸,				1 Yes 2 🗆
or 2	Dire	10e. Street and Number				10f. Zip Co	ode				10g. Citizen of	What Cour	ntry?
eth w	rai	1004 East Road	-				80					J.S.A	1
72 hours effer deeth with the Maryland natural, or items 23a or 28s-f show dical Examiner must be notified at	by Funeral Director	11. Marital Status  1 Never Married 2 Marriad  3 Widowed 4 Divorced	12. Was Dece Armed Fo 1 Tyes If Yas, Giv Year or D	2 No		Was Deceden if Yas, specify  1 ☐ Yes 2		ispanic Orlgi n, Mexicen, Specify:	in? (Sp Puerto	ecify Yes or No Rican, atc.)	Speci	ack, White,	
72 hours natural,		15. Decadent's E			16a. Dece	dent's Usuai C	Occup	ation			16b. Kind of I		
within ena. then	Completed	(Specify only highest gi Elementary/Secondary (0-12) 1 2	rede completed) College (1	-4or 5+)	(Give life. I Labo	kind of work of DO NOT use i Drer	done d retired	during most ( i)	of work	ing	Nor		
of filed other vent, th	Ö	17. Father's Name (First, Middle, Las	t)					18. Mother	's Nami	e (First, Middle,	Meiden Surrie	me)	
should be nd Menta marked	To Be	Stanley Smaw						Essi	ie	Golfin			
nd 2 should be file ith and Mental Hy 27 is marked other r traumatic event		19a. Informant's Neme/Relationship Elmira H. Smaw	(Type, Print)							el Route Numbe			Code) Id. 21801
permit. Pages 1 and 2 should be filed permit. Pages 1 and 2 should be filed proportant if flem 27 is marked other any fnjury or other traumatic event, pages.		20a. Method of Disposition  1 Burial 2 Cremetion 3 [ 4 Donation 5 Other (Speci		State	emetery, cret	osition (Neme metory or othe 11 Me	r plac		en	Date 8/15	20c. Location	10.7	
permit. Page Department of Important: If any fnjury or once.		21. Signatura of Funeral Service Lice		+	St	ewart	ddre:	ss of Facility unera	al		MA 210	201	
		23a. Part1. Enter the disaase, or conshock, or haart tailure. List only	onlications that c	aused the death								301	Approximate
Physician /Medicai Examiner	ner	Immadiata Cause (Final disease or condition resulting in death)	a		as a consec			_				1	Onset and Death
ertificate be ling physicis se as the bu	Medicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last	c	Due to (or	as a conseq	quence of):							
as that the death certific igned by the attending I be deteched for use as	Physician	Part II. Other significant conditions	contributing to de	ath but not resu	Iting In the u	ndarlying caus	se giv	en in Part I.		23b. Did 1	obecco use c	ontribute to	the ceuse of dea
that the										100	res 2□ No	3 Proi	bably 4 Unkn
ne law requiras that has been signe 2 should be o	Completed by									24a. Was perio	an autopsy med?	av	ere eutopsy finding allabla prior to mplation of ceuse deeth?
The law ata has b page 2 s	NO.									101	es 20 No	10	Yes ZONO
sician: The certificata sirector, pag	Be	25. Was case referred to medical						26. Pleca	of Deatl	h (Check only o	ne)		
00	2	examiner?	Hospital:	npatient 2	ER/Outpatien	at 3 DOA	Oth	or.		me 5 Resid		her (Specif	y)
After fune		27. Manner of Death  Naturel 5 Pending  Accident Investigation	n		28b. Time of Injury		Injun Worl			28d. Dascribe h			
al or Attanding s after daath. Il Director: After ed in by the fune	Certification:	3 Suicide 6 Could not be determined	208. 11808	of Injury - At horng, etc. (Specify,	me, farm, str	eet, factory, of	ffice			28f. Location (5 City or Tow		ber or Rura	l Route Number,
	edical	29a. Certifier Certifying Pr	nyalcian: To the miner: On the ba and mann	sis of exemineti	viedge, death on end/or inv	occurred at to vestigation, in	he tim	ne, date and pinion, deeth	placa,	and due to the deed et the time,	cause(s) and modele and place	nanner as si , and due to	lated. the cause(s)
To the comp	ž	29b. Signeture and title of cermer				29c. Li	icense	number		T	29d. Date sign	ed (Month,	Dey, Year)
1		30. Name and eddress of person who	1) 120.	of death (tt-	220) (T		450	0447			8/12/	47	
5		Chris Smyder D.	0. 10	08 Pine	BINK			Sal	id En	m, m	b 218	100	
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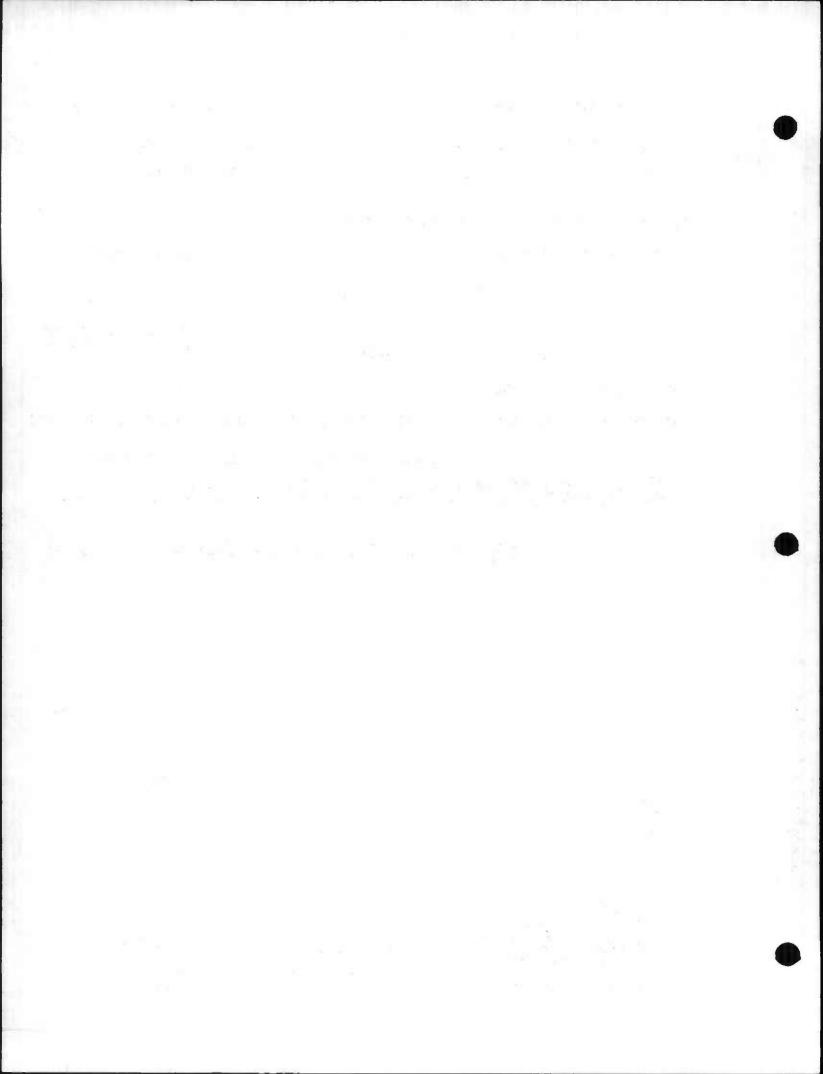
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Death **Physician** August /arr 6 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, 9. Birthplace (State or Foreign Country) **Funeral** 10M 20F Hours Min. 220-01-9294 Yrs. **Director** Marylana Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Worcester ocomoke Maryland 10e. Street and Number 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or items 23e or USA 2031 21851 Funeral SOAG 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Yes 2 PNo If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 1□ Yes 2₽No Completed by Specify: White 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Automotive Mechanic Maryland 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Symeme) Be Pilchara Clifton 2 Viola 19a. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Rd-, Pacamoke, Md. 21851
Date 20c. Location - City or Town, State Department of Health ar Important: If Item 27 Is any injury or other trau Colona tvelun WITE Baltimore, 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State First Baptist Cemetery 8-9-97 Pocomoke, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licensee Home Melson Funeral Nelson 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Pocomoke Md. 21851 cardiac or respiratory arrest, Approximate Interval Between Onset and Death **Physician** /Medical Immediete Ceuse (Finel 4 dors disease or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be axecuted burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest and After this certificate has been signed by the attending physician funeral director, page 2 should be detached for usa as the buria Physician/Medicai donsequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 25 QNo Records, Completed by 24e. Was en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of death? 2 500 1 Yes 2 No Division of Vital Hospital or Attending Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Spatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Saturel death. 1 Yes 2 No 2 Accident within 24 hours after death To the Funeral Director:, completely filled in by the 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) end menner stated. 29a. Certifier Medicai \$ 29b. Signeture and fille of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Xla 725 209 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MC LEAN MILFORD MOHN SALISBUTY, MO m.s. 106 37. 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State

Julia Davidson-Randelle

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 25643

						Certificate d	of Death		Reg. No.	•	20040
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	Physic /Medi		VIRGIE EVERDINE	SWANN THOMA	S			Augus	4 6 4		11:11a.m
	Exami		4a. Facility Nama (If not institution, gi	ve street and number)			4b. City, Town, or	Location of Dea	th 4c. County	of Death	
			Physicians Me		_		La Plat		Char		
	Funeral Director			1 DM WOE	(In yrs. lest bi	Yrs. If Under 1 Ye		8. Date of B (Month, L MARCH	irth (Par) 31,1930	9. Birth MARY	placa (Stata or Foraign ntry) LAND
	land land		10a. Stata 10b. County		10c. City, Tow	n or Location					10d. Inside City Limits
	ter death with the Marylan items 23a or 28a-f ahow iner mart be noured	Director	MARYLAND CHARLE	S	RISON	/ INDIAN H			10g. Citizan of	What Cou	1 ☐ Yes 2 No
	ath with 23a or		3875 SMALLWOOD CH			2064	0		UNITED S	STATE	ES
0000	in 72 hours after death with the Maryland "natural", or items 23a or 28a-f ahow solical Experient must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Naver Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedant E- Armed Forces? 1 ☐ Yas 22 No If Yas, Giva Yaar or Datas:	var In U,S.	13. Wes Decedant of the second of the secon	of Hispanic Orlgin? (S cuban, Mexicen, Puan No <i>Specify:</i>	pecify Yas or N to Ricen, atc.)	Specify	ck, Whita,	
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Maryland	S d in S	To Be	JAMES CLARENCE SW	ANN SR.			DOROTHY	MAE HAI	RT SWANN		2.000
	27 le		19a. Informent's Name/Raiationship WILLIAM THOMAS /			75 SMALLWO					
Baltimore,			20a. Method of Disposition  1 X Burial 2 Cremetion 3 [ 4 Donetion 5 Other (Speci		cemeta	f Disposition (Nama of ry, cremetory or other) NDRIA CHUR	plece)	Data 8/15/97	20c. Location RISON,		
Balti	permit. Page Department of Important: If i any injury or once.		21. Significant of Funeral Service Library  C. THORN  23a. Part 1. Enter the disease, or con-	TON JOHNSON	he daeth. Do	33439 LIVI		ME, P.A	A. LAN HEAD		20640
	Physician /Medical Examiner		shock, or haart failura. List only Immedieta Causa (Final disaasa or condition resulting in daath)	a. AMenos	eleron	c and u				1	Interval Batween Onset end Death  40015
	and Hransh	Examiner	Sequentially list conditions,	b	ue to (or as a	consequance of):		-	-	1	
68760,	8 6 5	edicai Ex	Sequentially list conditions, if any, leading to immediate ceusa. Entar Underlying Cause (Disaasa or Injury that initieted avents	c	ue to (or as a	consequence of):					
Box 68	contif ding de a	2	resulting In death) Last	d							
	事 看き	Icla	Part II. Other significant conditions	contributing to death but	not resulting I	the underlying course	given in Part I	23h Di	tohecco use co	ntribute t	to the cause of death?
<u>n</u>	that the ed by th detach	by Physician/	Tach. Out of significant conditions	contributing to data in but	not resulting i	i tha undariying ceusa	givan in Pail I.		Yes 2 No	3 □ Pro	
Records,	law requires: las been sign e 2 should be	Completed b							s en eutopsy formed?	a\ cc	/ara autopsy findings vallabla prior to ompletion of ceusa deeth?
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ō	Physics of the Cartesian Company	유	1 2 Yas 2 No  27. Manner of Deeth	Hospitel: 1 Inpatient		Itpatient 3LI DOA			sidence 6 Oth		<b>(y)</b>
	or Attending 8 after death, Director: After 8 in by the tuner	Certification:	1 Naturel 5 Panding 2 Accidant Invastigation		Year) 28b.		njury at Work? I □ Yas 2 □ No	280. Describe	how injury occur	760	
DIVI	al or Att	Certific	3 Suicide 6 Could not be datermined		y - At homa, fe (Specify)	rm, streat, factory, offi	Се	28f. Location City or To	(Straat and Numi own, Stata)	ber or Rur	al Routa Number,
	To the Hospital or a within 24 hours after To the Funeral Direct completely filled in b	edical (	29a. Cartifiar 1 Certifying Pt (Check only one) Medical Example 1	nysician: To the best of ninar: On the basis of e and manner state	xaminetion en	n, daath occurred at the d/or invastigation, in m	a tima, data and place by opinion, daath occu	e, end dua to the	a cause(s) and ma , data and piece,	annar as a	stated. to the causa(s)
	To II To III comp	W	29b. Signature and title of certifier	Milles De	push Ne		ense number		29d. Data signe	ed (Month)	Day, Year)
		4	30. Name and address of performance Charlene Letch	ford. M.D		(Type, Print) 700 Wal	Old Lin Ldorf, Ma	ne Cen arylan	ter, St d 20602	e 10	00
	Sta Registr	_	31. Data filed (Month, Dey, Year)	32. Registrer				and the second			
DUIA	III 46 Day 650	-	WAGT 9 12	June							



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							Cer	tificat	e of	Deat	h		Reg. No.			
Physician /Medicai		Catherine nouise industr									Day	Yeer 997	3. Time of Death  11:40 AM			
Examiner	-	4e. Facility Name (If not institution, give street end number)								4b. City, Town, or Location of Deeth 4c. County of E						
	Щ	Ravenwood Lutheran Village									gerst	own	Was	Washington		
Funeral Director		5. Social Security Number 216-09-4807 1□ M 2⊠ F 7. As				ge (In yrs. last birthday) If Under 1 Y. Months De			1 Year Days	If Und	er 24 Hrs. Min.	8. Date of Bir (Month, De May 25,	Birth Day Year) 9. Birthplace (State or Foreign Country) Mary Land			
2		Usual Residence of Decadent														
arishow Fredat	2	Maryland Washington 100.				c. City, Town or Location Hagerstown									10d. Inside City Limits 12 Yes 2 □ No	
r items 23s or 28s-f s riber must be notified Funeral Director		10e. Street and Nur 1158 Lut		ve				10f. Zip Code 21740				10g. Citizen of What Country? U.S.A.				
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	2	11. Marital Status 1 ☐ Never Marri 3 ☑ Widowed		Armed Ford  1 Yes If Yes, Give	as Decedent Ever in U,S. med Forces? □ Yes 2⊠ No Yes, Give ear or Dates:			Ves Deced Yes, spec		dispanic Origin? (Specify Yes or No- an, Mexican, Puerto Rican, etc.)  Specify:			o- 14. Race - American Indian, Bleck, White, etc.  Specify: White			
netur	2	(Spec	15. Decadent's ify only highest	Education grade completed)		16a.	a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired)			ost of worl	orking 16b. Kind of Busin		f Business/	ess/Industry		
the than 'netural', o		Elementery/Seco	ndary (0-12)	College (1	College (1-4or 5+)			Food Processer			school board			ooard		
atic event		17. Father's Neme (		,	T. Howard			18. Mother's Name (First, Middle, Meide Edna Nichols				fen Sumame)				
27 is ma r trauma		19a. Informant's Name/Relationship (Type, Print) Mrs. Patricia Russell				19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code), 17819 Garden View Road, Hagerstown, Maryland 21740										
ant: If itam ury or othe		1 □ Burial 2 □ Cremation 3 □ Remove from State				20b. Place of Disposition (Name of cometery, crematory or other place that Haven Cemet							20c. Location - City or Town, State  Hagerstown, Maryland			
Depart Import any inj sace.		21. Signature of Funeral Service Licensee					22. Name and Address of Fecility Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, Mar									
ysician ledical aminer		23e. Peri1. Enter the disease, or complications that caused the death. shock, or heart failure. List only one cause on each line.  Immediate Cause (Finel disease or condition resulting in deeth)  a. Respiratory f													Approximate Interval Between Onset end Death	
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Carcinoma of breast

Due to (or as e consequence of):

cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last Physician/Medical à

Be Completed Certification: To ledical

attending physician for use as the buris

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or Attending Physician: after death. Director: After this certifica

To the Hospital o within 24 hours af To the Funeral DI completely filled In

page 2 should be

Catherine Louise

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of Vital

Division

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Coronary Artery Disease 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Hypertension 2 No 1 Yes 1 ☐ Yes 2 ☐ No

Gastroesophageal reflux disease
25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 ☑ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and menner es steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

D07857

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

E. MOODY, M.D.

State Registrar

1190 MT. Aetna Road, 31. Date filed (Month, Dey, Year) AUG 1 2 1997

Hagerstown, MD 21742 Pegistrar's Signature
was Davidson-Rands 182

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11.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Date of Death 3. Tima of Deeth **Physician** Month Year 08 07 Leona Magdelene Tribbitt 97 9:20am /Medical 4e. Fecility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daeth 4c. County of Deeth Examiner Caroline Nursing Home, Inc. Denton, Maryland Caroline 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplaca (Stete or Foreign Country) **Funeral** Deys 1 M 2 TVF Yrs. Director Delaware 221-16-7032 70 Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28e-f show traumatic svent, the Medical Examinar must be notified at 1 Yes 2 No Director Maryland Caroline Ridgely 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral Ridgely Road 21660 United States deeth 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 11. Meritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or then any injury or other traumatic svent, the Medical Exercises. 1 ☐ Yes 2 ☐ No If Yas, Giva Yeer or Detas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: ģ Specify: Caucasian 3 Widowed 4 □ Divorced 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Surnama) Joseph Samuel Linda Mae Hastings 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Howard Lee Tribbitt 27620 Hobbs Road, Denton, Maryland 21629 Son 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Ridgely Cemetery 8/11 Ridgely, Maryland 21. Signature of Funeral Service Licenson 22. Neme end Address of Fecility Moore Funeral Home, P.A. 12 South Second Street, Denton, MD 21629 01 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one causa on each line. Approximete Interval Between Onsat and Deeth Physician /Medical Immediete Ceuse (Finel diseesa or condition rasulting in deeth) **Examiner** Examiner ettending physician end for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequenca of): ate has been signed by the e page 2 should be detached to 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying case given in Pert I. Yee 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evallable prior to Completed 24a. Wes an autopsy performed? completion of cause of death? alZ No 1 🗆 Yas 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes PO No 2 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred Neturel 5 Panding 1 ☐ Yes 2 ☐ No **△**□ Accident investigation filled in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the cause(s) end manner as stated.

Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner stated. 29e. Certifler Medical 29b. Signature and title of cedifier 29c. License number 29d. Date signed (Month, Day, Year) of deeth (Item 23a) (Type, Print) 30. Nema and address of person who completed pluse 0 32 Registrar's Signature Day Year) State Registrar

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## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene **Physic**

25646

			Ce	entificate of	Death		Reg. No.		-00-70
	1. Decedent's Name (First, Middle, Les	st)				2. Dete of De	eth		3. Time of Death
	Martha	Bozman	T	nompson		Month	Dev	947	1945
	4e. Fecility Neme (If not institution, give				4b. City. Town. o	or Location of Death	4c. Count	, , .	1//3
			т семтер		SALISB			VICOM	100
Į	PENINSULA REGION			If Under 1 Year	If Under 24 H				
	5. Sociel Security Number 6. S	ex 7. Ag □M 21∑1 F	e (In yrs. lest birthday	Months Days	Hours Mi	m (Month De	th y, Year)	9. Birthp	plece (State or Foreign
	214-10-4/39	R.	73 Yrs.			Sept.2	6,1923	Mary	Tand
	Usuei Residence of Decedent								
	10a. State 10b. County		10c. City, Town or L	ocation				1	0d. Inside City Limits
	MD Wice	omico		Salisbu	ry				1 Yes 2 □ No
	10e. Street end Number	•		10f. Zip Code	- 7		10g. Citizen of	What Cour	utn/2
	205 5 7:								
	305 E. Lincol			-	1804			U.S.A	•
	11. Marital Status	12. Wes Decedent Armed Forces?	Ever in U,S. 13.	Was Decedent of H If Yes, specify Cubi	fispenic Orlgin?	(Specify Yes or No erto Rican, etc.)		ce - Americ ick, White,	
	1 Never Married 2 Married	1 ☐ Yes 2 💢 h	No						010.
	3	Year or Dates:		1 ☐ Yes 2 💢 No	Specify:		Specia	y: Wh	nite
١	15. Decedent's Ed	ucation	16e. Dece	edent's Usuel Occup	etion		16b. Kind of B	lusiness/ind	dustry
Ì	(Specify only highest grad		life	e kind of work done DO NOT use retired	during most of w	vorking			
	Elementery/Secondary (0-12)	College (1-4or 5	0+)	Housewife			05.750	Home	
	17. Fether's Name (First, Middle, Last)			TIOUSENTI		ame (First, Middle,	-		
							walden Sumer	110)	
	Nathan Gr	canville	Bozman	ı	Berth	ıa		Hasti	ngs
	19e. Informent's Name/Relationship (7	ype, Pnnt)	19b. Mell	ing Address (Street	end Number or i	Rural Route Number	er, City or Town	, Stete, Zip	Code)
	Bertha Ann Thomp	oson – dau	ghter 30	E. Linco	oln Ave.	Salis	bury, M	D 218	04
	20e. Method of Disposition		20b. Place of Disp	osition (Name of		Dete	20c. Location		
	1 Burial 2 Cremetion 3		cemetery, cre	metory or other plea	ce)	1	EGG. EGGG.	Only or 10	, 0.0.0
	4 ☐ Donetien /5 ☐ Other (Specify	) 1	Wicomico	Memorial	. Park	8-12-97	Salis	bury,	MD
	21. Signature of Funeral Service Licens	100//	)/ 2	2. Neme end Addre	ss of Fecility	1 0	1 11		
	Mundall	(2)	/	705 8 36		unds Fun			
	Suara C/	Drane 1		705 E. Ma		Salisbu		21804	
Į	Pert 1. Enter the disease, or comp shock, or heart feilure. List only of	one ceuse on each lir	ithe deeth. Do not er 16,	iter the mode of dyir	ig, such es cardi	ec or respiretory ei	rest,		Approximete Intervel Between
ľ			0	^		,			Onset end Deeth
	Immediete Cause (Finel diseese or condition	Cen	elvol 10	useule	1 100	ul. L	8	1113	818/9-
	resulting In deeth)	е.	Due to (or es e conse		v vec	all !	0		0/0/1
		Acct -	as to L	1 /		-			
		b. (1) (1)	000 1010	CI MAD	greace	men		I	
	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying		Due to (or es e ceose	quence of):		, 1			
	ceuse. Enter Underlying Ceuse (Diseese or Injury	occlue	led (R)	entern	I car	otel			
	thet initieted events resulting in deeth) Lest	C.	Due to (or es e conse	quence of):					
	resulting in death) Lest								
		d							
	Part II. Other significant conditions co	ntributing to death bu	it not resulting in the u	inderlyling ceuse giv	en in Pert I.	23b. Dld 1	obacco use co	ntribute to	the cause of death?
						10	Yee 2□ No	3 Prot	ably 450nknown
						-			
						24e. Wes	an eutopsy	24b. We	ere eutopsy findings
							med?	eva	alleble prior to repletion of ceuse
								of a	deeth?
						101	es 2 No	1 [	Yes 2 No
	25. Wes case referred to medical				26 Place of D	eeth (Check only o	nal		
	exeminer?	Hospitel:		Oth	or.				
-	1 Yes 2 No 27. Menner of Deeth	1 Inpatie		nt 3LI DOA	4 LI Nursing	Home 5 Resid			1)
4	1 Netural 5 ☐ Pending	28e. Dete of Injur (Month, Dey	Year) 28b. Time o	of 28c. Injury Work	k?	28d. Describe h	low injury occur	red	
	2 ☐ Accident investigation			M 1 🗆	Yes 2 □ No				
	3 Suicide 6 Could not be determined		ry - At home, ferm, st	reet, fectory, office		28f. Location (5	Street end Numi	ber or Rura	I Route Number,
	- I nomode	building, etc	. (эреспу)			City or Tox	ni, 3(818)		
,									
4	20a Cartifier 4 Canted - no	eloles. To the head	£ more language →	L					
	(Check only 2 Medical Exami	ner: On the basis of	f my knowledge, deet examinetion end/or in	h occurred et the time	ne, dete end plac	ce, end due to the coursed at the time.	ceuse(s) end made and plece.	enner es st	eted. the ceuse(s)
	one) 2 Medical Exami	sician: To the best o ner: On the basis of end menner ste	examinetion end/or in	h occurred et the tin vestigetion, in my o	ne, dete end plac pinion, deeth occ	ce, end due to the courred at the time,	ceuse(s) end modate and piece,	enner es st end due to	eted. the ceuse(s)
	(Check only 2 Medical Exami	ner: On the basis of	examinetion end/or in	h occurred at the tim vestigation, in my of	pinion, deeth occ	curred at the time,	ceuse(s) end modate and plece,	end due to	the ceuse(s)
	one) 2 Medical Exami	ner: On the basis of	examinetion end/or in	vestigetion, in my of	pinion, deeth occ	curred at the time,	date and piece,	end due to	the ceuse(s)

SAlisbury Md.

State Registrar

/Medi Exami

**Funeral** Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiena. Important: If item 27 is merked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, it a Medical Examinat prust be notified at once.

Physician /Medicai Examiner

To the Hospital or Attending Physician: The law requires that the death certificata be assecuted within 24 hours after death.

To the Funeral Director: After this certificata hes been signed by the attending physician end completaly filled in by the funeral director, page 2 should be detached for use as the buriel-transit

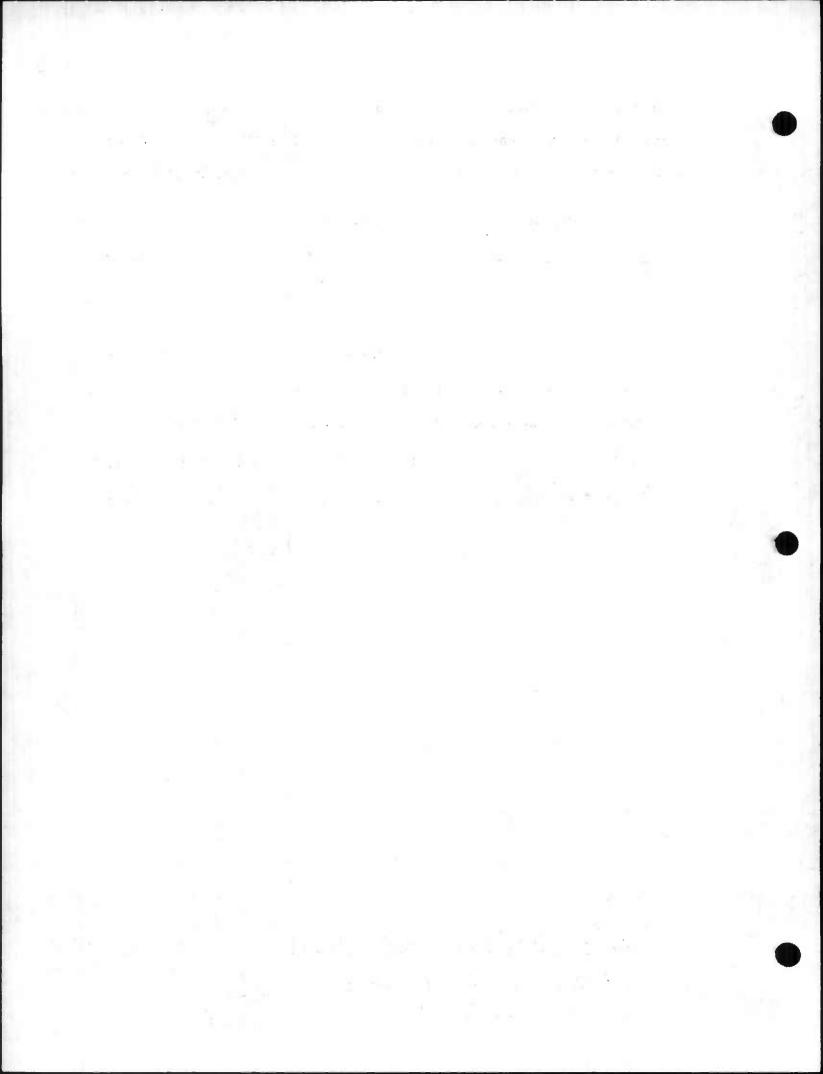
Division of Vital Records, P.O. Box 68760,

AUG 1 1 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

W. L. Am B. Mook. | | DAVIS ST. SK

31. Dete filed (Month, Dey, Year) | 32. Registrer's Signature 32. Registrer's Signeture

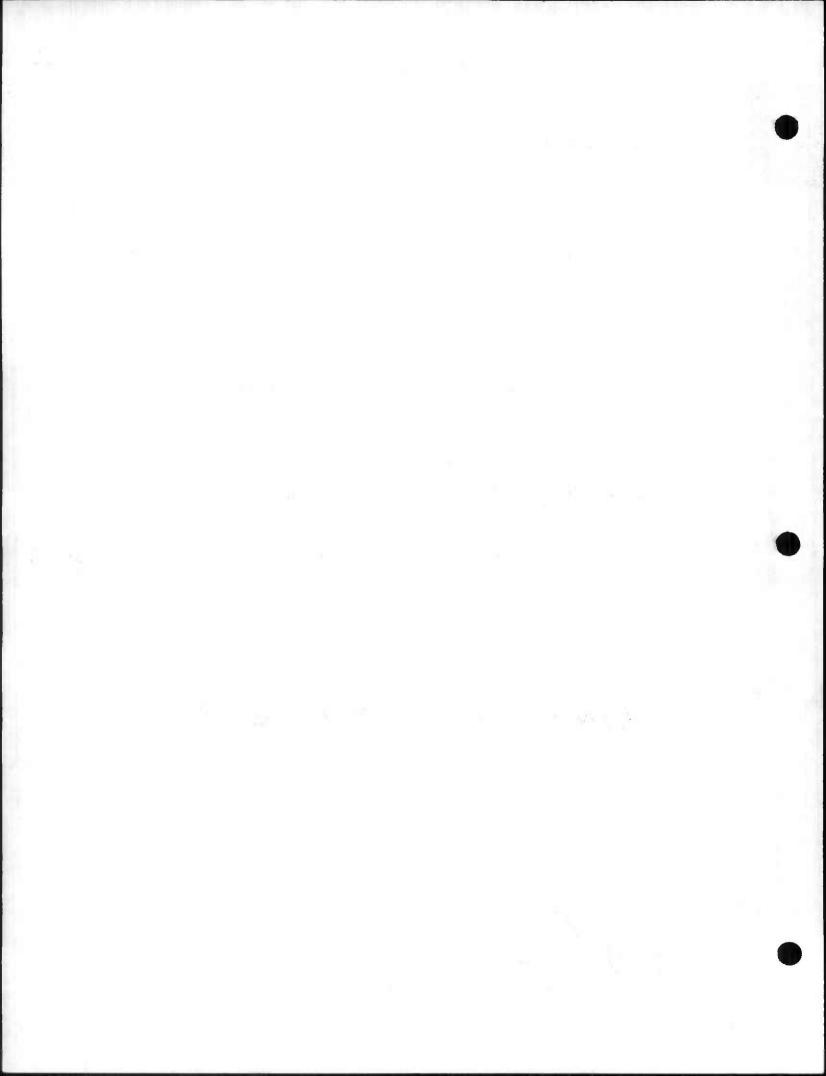


				State of Mary		ertificate of			Reg. No.	37 2	5647
	Physic /Medi		Decedent's Name (First, Middle, Last Helen	Thelm	na	TWINI	N G	2. Date of Dea Month A U G U S T	Day	Yaar	5:40 PM
	Exami		4a. Facility Nama (If not Institution, giva SHORE NURSING AND		TION CEN		4b. City, Town, or L D E N T O N	ocation of Death	4c. County		
	Funeral Director		5. Social Security Number 6. Se 215–12–4507 Usual Residence of Decedent	7. Age (Îr	yrs. last birthda 79 Yrs.	y) If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Date of Birt (Month, Day November	h v. Year) 5 8, 1917		e (Stata or Foreign
	show	<u>~</u>	10a. Stata 10b. County		c. City, Town or I						Inside City Limits 1 ☐ Yas 2 🛣 No
	the N	Director	Maryland Caroli  10e. Street and Number	ne	Pres	ton 10f. Zip Code			10g. Citizen of V		
	3a or	ā	7346 Todd's Whar	f Road		216	55		United :		
020	72 hours after death with the Maryland natural, or items 23s or 28s-1 show disal Examiner must be notified at	by Funeral		12. Was Decedent Ever Armed Forcas? 1 ☐ Yas 2 ☐ No if Yes, Give Year or Dates:	in U,S. 13	. Was Decedent of Hif Yes, specify Cub			14. Rac Blac	ce - Amarican i ck, White, etc.	
Maryland 21215-0020	y within jiene. r than "	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondary (0-12)	cation e com <i>pleted)</i> College (1-4or 5+)	(Giv life.	edent's Usual Occup e kind of work done DO NOT use retire	pation during most of work d)	ling	16b. Kind of Bi	ing	
nd	al Hygid	Be	17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middle,			
yla	d 2 should be filed thand Mental Hyg 7 is marked othe traumatic event,	2			eroon		Sar		Caskey		
Ma	DEND		19a. Informant's Neme/Relationship (Ty			iling Address (Street					
altimore,	- PEE		Herman Twining  20a. Method of Disposition	Son		46 Todd 's cosition (Name of ematory or other pla		Data Data	20c. Location -		
E E	Page nent c int: If iry or		1 Burial 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify)	emoval from Stata		ill Cemet		/9/97	Glen Bu	rnie, l	Maryland
Balt	permit. Pages Department of Himportant: If ite any injury or of other		21. Signature of Funeral Sarvice Licania	49000	Le	22. Nama and Addre Moore Fun 12 South	eral Home	, P.A.			
	Physician /Medicai Examiner		23a. Part1. En in the disease, or of mpl shock, or heart failure. List only or immediate Cause (Final disease or condition resulting in death)	l	death. Do not e	mention	ng, such as cardiac	or respiratory ar	rest,	Aplint	proximate erval Between eset and Death
68760,	ficate be executed physicien end as the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due	to (or as a conse	equence of):					
Box 687	death certificate e attending phys ed for use as the	Physician/Medical	resulting in death) Last		to (or as a conse	equence of):				1	
	0 0	sicle	Part it. Other significant conditions cor	tributing to death but no	ot resulting in the	underlying cause giv	ven in Part I.	23b. Dld t	obacco uea co	ntributa to the	cause of death?
s, P.0	res that the de signed by the a be detached i	by	Dewhih	11 Ulu				10	/ee 25 No	3 Probabi	iy 4 🗌 Unknow
of Vital Records,	e lew requi hes been s ge 2 should	Completed						perfo	an autopsy med?	avaiial compl of dea	
a		0	25. Was case referred to medical				26. Piace of Deat		es 2 No	1 U Ye	es 2 No
	ing Phys	ation: To B	examiner?  1 Yes 2 No F  27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient  28a. Date of injury (Month, Day Ye	2 ER/Outpetic	of 28c. Injur	ner: All Nursing Ho	ome 5 Resid	lenca 6 🗆 Oth		
Division		Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - building, etc. (S	At home, farm, s	street, factory, office		28f. Location (S City or Tow		per or Rurel Ro	oute Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	ledical	(Check only 2 Madicat Examinations)	sician: To the best of my ner: On the basis of exa and manner steted.	/ knowledge, dea mination and/or I	th occurred at the tir nvestigetion, in my o	me, date and place, opinion, deeth occur	and due to the cred at the time, o	cause(s) and ma dete end plece,	anner as stete and due to the	d. e cause(s)
	To the within 2 To the comple	×	296. Signature and title dispertifier			29c. Licens	se number		29d. Date signe	18>	, Year)
			30. Name and eddress of person who co				CTED 45	04640			
	Sta Registr		GARY SPROUSE, M.D.  31. Date filed (Month, Day, Year)	32. Registrar's			STER, MD	21619			

State of Maryland / Department of Health and Mental Hygiene 9 7

97 25648

						Cer	tificate of	Death		Re	g. No.		
			1. Decedent's Neme (First, Middle, L	est)						2. Dete of Deet	h	Verr	3. Time of Death
	Physic /Medi		William Elbe	rt Wes	s, Jr.					Month August	8, 199	7 Year	12:00 Noo
	Exami		4e. Fecility Neme (If not institution, gi					4b. City, Tow	m, or Lo	cation of Deeth	1	y of Death	
			80 North Ridge F	d.				McHen	ry		Gar	rett	
	Funeral Director			Sex 7. Ag 1MM 2□F	e (In yrs. last bin 79	thday) Yrs.	Months Deys		4 Hrs. Min.	8. Dete of Birth (Month, Dev. 1/7/19	Year) 18	Cour	plece (State or Foreign http: Land
	land land		10a. Stete 10b. County		10c. City, Town	n or Loc	ation					1	Od. Inside City Limits
	the Mery 28a-1 sh	ector	MD Garret	t	МсН	enry	_				011		1 ☐ Yes 2 💢 No
	s 23e or	Funeral Director	80 North Ridge F	T			10f. Zip Code 2154					.s.A.	
21215-0020	be filed within 72 hours efter deeth with the Menyland tal Hyglene. d other than "natural", or items 23e or 28e-f show event, the Medical Experient must be notified at	by	11. Meritel Stetus  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Tyes 2 If If Yes, Give Year or Detes:	No		Ves Decedent of Yes, specify Cul		In? (Spe Puerto I	Rican, etc.)		ce - Americ ck, White, Wh ty:	
2	72 h	Completed	15. Decedent's E (Specify only highest gi	ducation ade completed)	16a.	(Give k	ent's Usuel Occurrent's Usuel Occurrent	during most	of workli	ng	6b. Kind of B	usiness/In	dustry
121	within ene.	Idm	Elementery/Secondery (0-12)	College (1-4or		life. D	O NOT use retin	ed)					
2	2 should be filed withing and Mental Hygiene. Is merked other than summit event, the Mental County of the Mental C		12 17. Fether's Neme (First, Middle, Las	1)		Cate	erer	18 Mother	e Nama	(First, Middle, N	Cater		
Maryland	d be	Be C	William Elbert W	,						ide P. H			
2	should nd Men merke	70	19e. Informent's Neme/Reletionship		19h	Mailing	Address (Street			I Route Number,			Code
	od 2 strain		Louise C. Wess/ W							1cHenry		, 0,0,0, 2,0	0000)
re,	is 1 and 2 should of Health end Mer item 27 is marke other traumatic		20e. Method of Disposition		20b. Plece of	Dispos	ition (Neme of etory or other ple		• • •		20c. Location	- City or To	own, Stete
altimore,	Pege nt: If ry or		1 ☐ Burial 2 🕅 Cremetion 3 [ 4 ☐ Donetion 5 ☐ Other (Speci				ematory	100/	18	/18/97	Morgan	town.	WV
<u>=</u>	permit. Peges 1 Depertment of H Important: If its any injury or ott ance.		21. Signature of Funeral Service Lice	•	omega	7	Neme end Addr	ess of Fecility		Stewart			
n	Depe Impo		Really H	Letiolle			32	S. Se	cond	1 St., 0	akland	, MD	21550
	Physician /Medical Examiner	ner	23a. Pert1. Enter the diseede, or conshock, or heart feilure. List only immediate Cause (Finel disease or condition resulting in deeth)	0	Due to (or es e							1	Approximate Inferval Between Onset and Deeth
60,	entificate be executed ling physician and se es the burial-transit	al Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initialed events	b	Due to (or es e o	consequ	ence of):						
0x 68/60,	certificate ding physise es the	v/Medical	thet initiated events resulting in deeth) Lest	d	Due to (or es e c	onsequ	enca of);						
20	death e atten	Iclar	Part II Other elasificant conditions	contribution to double b	d not secution to	the un	do de do o o o o o	hina in David		22h Did an			the seven of death?
S, P, C	thet the ed by th detach	by Physician	Pert II. Other significant conditions	sectory		. /	/	Disa	se	1,20			the cause of death? bably 4 Unknown
Hecords	law requires es been sign 2 should be	Completed b								24a. Wes er perform		co	ere eutopsy findings alleble prior to impletion of cause deeth?
r	0 - 5	0								1□ Ye	s 2XNo	1[	☐ Yes 2☐ No
VII		Be (	25. Wes case referred to medical exeminer?					26. Plece	of Deeth	(Check only on	3)		
0	Physicien: this certific ral director,	2	1 ☐ Yes 2 X No	Hospitel: 1 Inpatie	nt 2□ER/Ou	tpetient	3LI DOA		sing Hor	me 5 🕅 Reside	nce 6 □Oti	ner (Specif	y)
2		lon:	27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Inju (Month, De	Year) 28b. T	ime of njury	28c. Inje			28d. Describe ho	w injury occu	rred	
DIVISION	or Attending efter death. Director: After in by the fune	Certification:	2 Accident investigetion 3 Suicide 6 Could not to determined	99 Dines of ini	ury - At home, far c. (Specify)	rm, stre		Yes 2 N		28f. Location (Str City or Town		ber or Rure	al Route Number,
	To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	edical C	29a. Certifier 1 XCertifying Pl	nysician: To the best of niner: On the besis of end menner sta	exemination end	, deeth d/or inve	occurred et the t estigetion, in my	ime, dete end opinion, deeth	plece, e	end due to the ce	use(s) end m ite end plece,	enner as s end due to	leted. o the cause(s)
	withir To th	Me	29b. Signature and title of certifier				29c. Licen	se number	-	29	d. Date nighe	Month,	Day, Year)
			1/2/					D23979	)		8/1	160	
		N	30. Name and addings of pureon who	completed cause of d	eeth (Item 23e) (	Type, P	rint)	D43713	,	1	1.0	11 /	
	4	14.	Dr. Robert Gorla			•		t. Oal	clan	d, Maryl	and 2	21550	
	Sta	ite	31. Dete filed (Month, Day, Year)		er's Signeture	2							



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death Month EBB 6.40 Am 4c. County of Death 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give str Bridges Somuset YINCOSS ANA Hours Min. 8. Date of Birth (Month, Day, 08 12 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar Birthplace (Stata or Foreign Country) Days Months Yrs 216-16-7725 Allen, Maryland Usual Residence of Decedent 10b. County 10c. City, Town Location 10d. Inside City Limits 1 Yes 2 No Somerse Trincese 10e Street and Number 10g. Citizen of What Country? 10f. Zip Coda Was Decedent Ever in U,S 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black, Whita, etc. 11. Marital Status Was Decedent Every 11 C, S. Armed Forces? Armed Forces? ARMY If Yes, Specify Cuba Year or Dates: Yes Decedent Every 11 C, S. If Yes, specify Cuba 1 Navar Married 2 Married Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry Elementary/Secondary (0-12) College (1-4or 5+) 9 Grower Poultry 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Sewell Denson Webb Laurell 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Georgia E. Webb-Wife 34511 Five Bridges Road, Princess Anne, MD 21853

20c. Location - City or Town, State

Princess Anne, MD

29d. Date signed (Month, Day, Year)

8/9/97

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

10a State

Director

Funeral

ģ

Be

20a. Method of Disposition

4 ☐ Donetlon 5 ☐ Other (Specify)

21. Signature of Funeral Sarvice Licensee

1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State

**Funeral** 

Director

? Is marked other than "natural", or items 23a or 28a-f sho traumetic avent, the Medical Experient rival be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or iten any Injury or other traumatic avent, the Medical Express-

Baltimore, Maryland 21215-0020

with the Maryland

death

bunel-trensit pue physician sthe bunel 950 signed by the e P.0. Division of Vital Records, Mospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certified funeral

DHMH 16 Rev 6/95

To the Vithin 2

State Registrar 29b. Signature and title of certifier

Dr. M. D. 31. Date filed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

32. Registrar's Signature

John Davidson Randall

Barhan



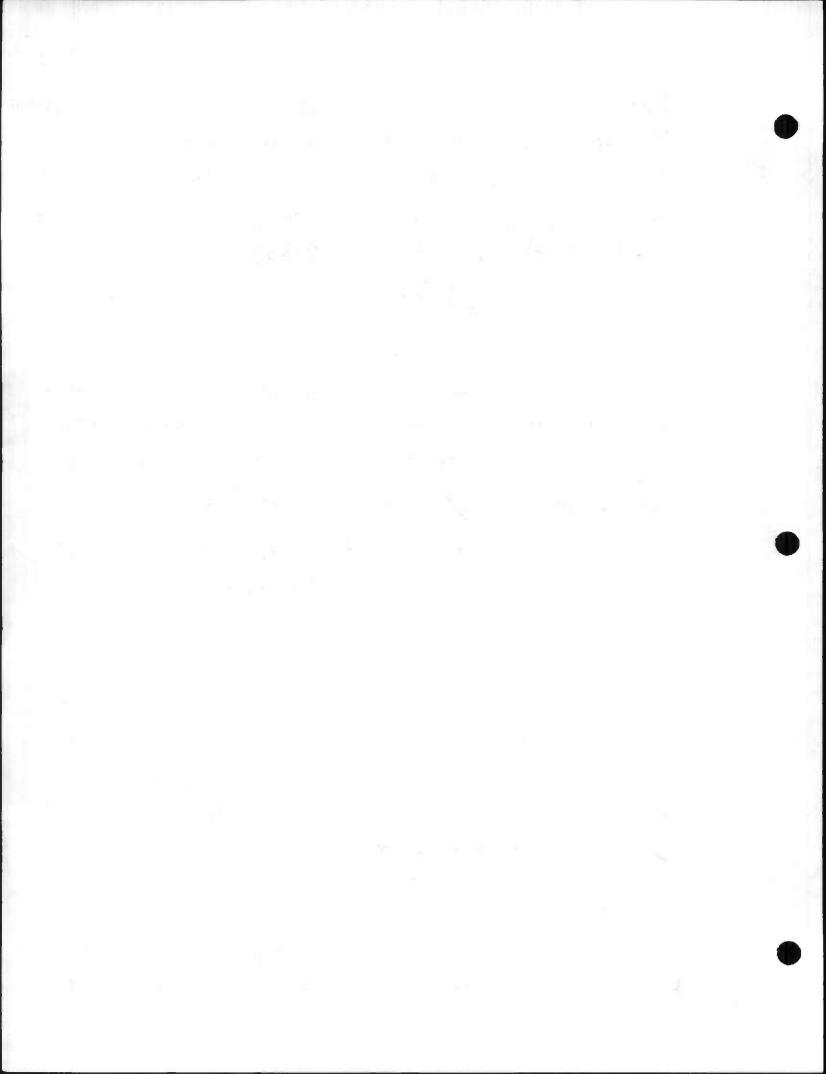
29c. License number

risfield Hwy; Crisfield, Md.

20b. Place of Disposition (Nama of cemetery, crematory or other place)

22. Name and Address of Facility

Olivett Cemetery



State of Maryland / Department of Health and Mental Hygiene Q

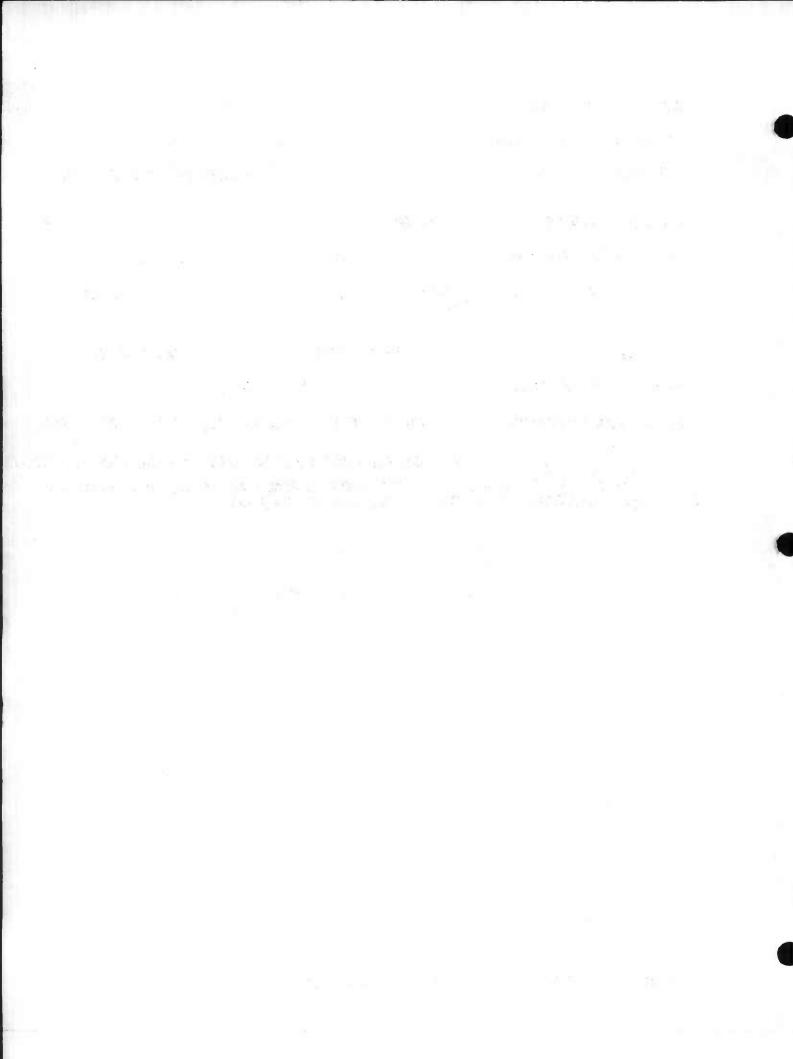
tment of Health and Mental Hygiene 97 25650

					Certifica	ate of	Death		Reg. No.	21	23030
Physicia	ın	1. Dependent's Neme (First, Middle, La	7 . 4	_				2. Dete of De Month	Dey	Yeer	3. Time of Death
/Medica		unua W. C	llargy		-	-		8	10	97	3:05 Al
Examine Funeral Director	er	209-09-0913	Il Musi	of Ho In yes, ias	sece /	ber Ryear	4b. City, Town, or Club, If Under 24 Hrs Hours Min	tertown 8. Dete of Bi	rth ey, Year)	9. Birth	h hplece (State or Foreign untry) Ohio
pur *		Usuei Residence of Decedent  10e. Stete 10b. County		10c City T	Town or Location				- (		10d Inside City Limite
e Meryla	ctor	MD Queen Ai			dlersvil	le					10d. Inside City Limits 1 ☐ Yes 2 ☐ No
th with th	ai Director	10e. Street end Number 104 Charles S	Street		10f.	Zlp Code 216	568		10g. Citizen	of What Co	untry?
urs a	by Funeral	11. Meritei Stetus  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:		If Yes, s	cedent of F pecify Cub 20 No	Hispanic Origin? (S an, Mexicen, Puer Specify:	Specify Yes or Noto Rican, etc.)	E	Bleck, White	rican Indian, a, etc. nite
"natural",	eted	15. Decedent's Ec			6a. Decedent's U	suel Occup	pation	nkina	16b. Kind o	f Businass/I	Industry
filed within Hygiene. ther than "the Med	Completed	Elementery/Secondery (0-12)	College (1-4or 5+	+)		les C	during most of wo d) Clerk	**************************************	Depa	artmer	nt Store
other of the	BeC	17. Father's Neme (First, Middle, Last)					18. Mother's Ne	me (First, Middle	, Meiden Sun	neme)	
should be end Mental e marked o aumatic eve	ToB	Louis Koenig					Anna M	lathien			
should and Men marke umaric		19a. Informent's Neme/Reletionship (	Type, Print)		19b. Melling Addre	ess (Street	and Number or R	ural Route Numb	ber, City or To	wn, Stete, 2	(ip Code)
Health e		Richard Albright			61 Prosp	ect E	Bay Drive	e, Graso	nville	MD 21	1638
permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other ti once.		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific		cem	e of Disposition (fetery, cremetory of tol Crem	or other pie	ce)	Dete 8/12/97	20c. Location		Town, State 2 19901
Physician /Medical Examiner		23e. Part 1 Enter the disease, or com shock, or heart feilure. List only Immediate Cause (Finel disease or condition resulting in deeth)	eal	, she	Benr 426	Dovernode of dyin		ston MD	21601		Approximate Intervel Between Onset end Deeth
artificate be ing physicia e as the bur	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	C		s a consequence o						
death ce e ettendii d for use	Cla	Pert II. Other significant conditions or	ontributing to death but	not resultir	or in the underlyin	a cause ai	ven in Pert I	23h Did	tobacco usa	contribute	to the cause of death?
res that the de signed by the e I be detached	by Physician	/	acture				VOITHIT OILI.		Yes 2UM	1	robably 4 Unknown
The lew requires are hes been sign page 2 should be	Completed	/		8					s an autopsy omed?	8	Were autopsy findings available prior to completion of cause of death?
	5							10	Yes 20 No	5 1	I□Yes 2□No
delan: The certificate rector, pag	9 6	25. Wes case referred to medical examiner?					26. Plece of De	eth (Check only	one)		
2 00	0	1 ☐ Yes 2 ☐ No	Hospitel: 1 ☐ Inpatien	t 2 ER	/Outpatient 3□	DOA Oth	ner: 400 Nursing I	Home 5□ Res	Idence 6 🗆	Other (Spec	cify)
ath. r: After se fune		27. Menner of Death  1 Intervel 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be		Year) 28	b. Time of Injury M	28c. Injui Woi 1 🗆	ryat rk? Yes 2 □ No	28d. Describe	how injury oc	curred	
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the i		4 Homicide determined	building, etc.	(Specify)				City or To	wn, Stete)		iral Route Number,
within 24 hours at To the Funeral D completely filled i	edicai	29e. Certifier (Check only one)  1 Certifying Physical Example 2 Medical Example 1	valcian: To the best of Iner: On the basis of e end menner stete	examinetion	dge, deeth occurre end/or investigeti	ed et the tir ion, in my d	me, dete and plece opinion, deeth occi	e, and due to the urred at the time,	cause(s) end , dete and pled	menner as se, end due	stated. to the cause(s)
withi To the	W	29b. Signeture end title of certifier  LLU,CUL	n mp.		1	29c. Licens	ve number 21313  Lusterlon		29d. Dete sig	ned (Month	
		30. Name and address of person who	completed cause of dee	eth (Item 23	Sa) (Type, Print)	2 01	1.12	no	2 2/4	(20)	
State	9	31. Dete filed (Month, Dey, Year)	32. Registrer	's Signeture	righ Di	., 01	munion	n, ru.	v eri	0	

State of Maryland / Department of Health and Mental Hygiene

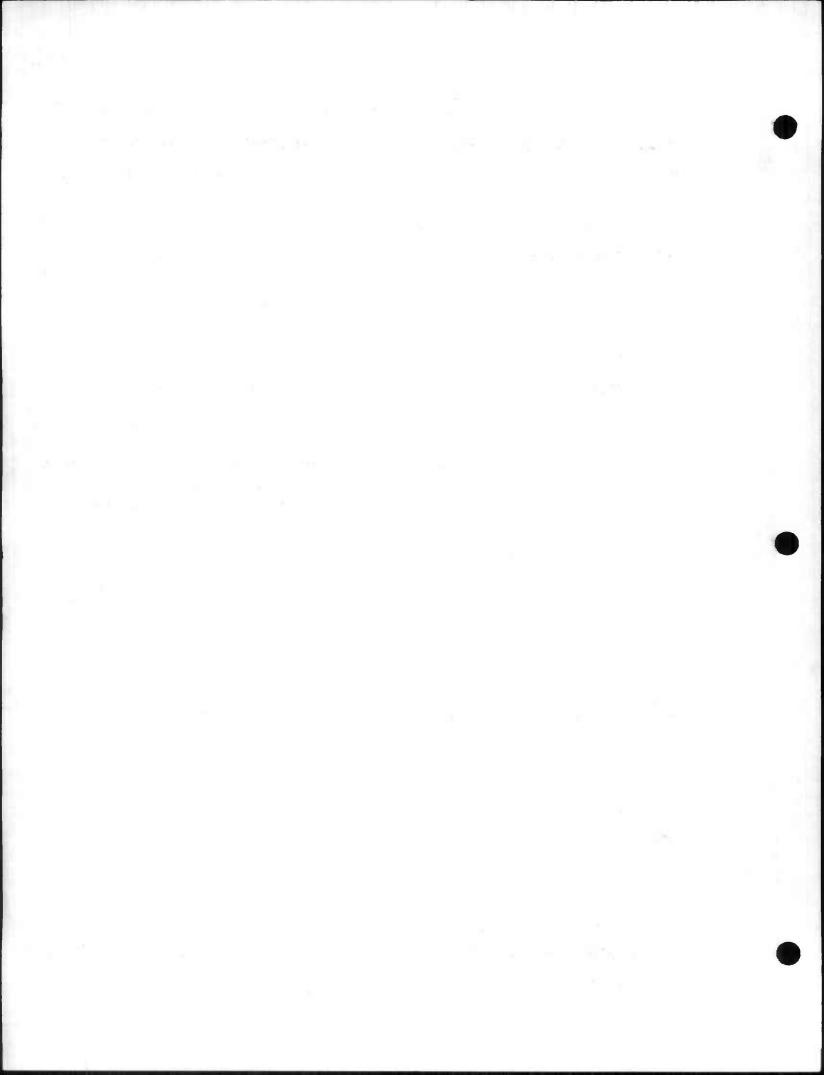
Completed by Funeral Director	HAROLD AESCHLIN  4a. Facility Nama (If not institution, given Physicians Memorial  5. Social Security Number  5. Social Security Number  6. S  578-09-2270  Usual Rasidance of Decedent  10a. Stata  10b. County  MARYLAND CHARLES  10e. Street and Number  5150 RUNNING DEER  11. Marital Status  1 Nevar Marriad  3 Widowed 4 Divorced  15. Decedant's Ed.  (Specify only highast gra  Elemantary/Secondary (0-12)  11  17. Fathar's Nama (First, Middla, Last)  FREDERICK AESCHLI	a street and number)  Hospital  ax  7. Aga (In yrs. Ie  8  10c. City,  W  R PLACE  12. Was Decedant Evar In U.S. Armed Forcas? 1 Yas 2 No 194 If Yes, Giva Yaar or Datas: 1945  (ucation da complatad)  Collega (1-4or 5+)	, Town or Location  ALDORF  10f. Zip Co  206  13. Was Dacedant If Yas, specify	4b. City, Town, or Local LaPLata  aer If Under 24 Hrs. Hours Min.  O  da  O1  of Hispanic Orlgin? (Specuben, Maxican, Puerto B. Cuben, Puerto B.	8. Data of Birth (Month, Day, ye CTOBER 23	4c. County of Charles April 5 B, 1912 Citizen of Wh. J.S.A.	9. Birthplaca (Stata or Fora Country) VIRGINIA 10d. Insida City Limi 1 □ Yas 2 🕅
Be Completed by Funeral Director	Physicians Memorial  5. Social Security Number  578-09-2270  Usual Rasidance of Decedent  10a. Stata  10b. County  MARYLAND  CHARLES  10e. Street and Number  5150 RUNNING DEER  11. Marital Status  1 Nevar Marriad  3 Widowed 4 Divorced  15. Decedant's Ed.  (Specify only highest gra  Elemantary/Secondary (0-12)  11  17. Fathar's Nama (First, Middla, Last)	Hospital  ax 7. Aga (In yrs. Ie 8  10c. City, W  PLACE  12. Was Decedant Evar In U.S Armed Forcas? 11 Yas 2 No 194; If Yes, Giva Yaar or Datas: 1945  lucation da complatad)  Collega (1-4or 5+)	Months D  Town or Location  ALDORF  10f. Zip Co  206  3.	IaPLata aar If Under 24 Hrs. Hours Min.  O  da  O1  of Hispanic Origin? (Spe Cuben, Maxlcan, Puerto F	8. Data of Birth (Month, Day, ye CTOBER 23	Citizan of Wh	D. Birthplaca (Stata or Fora Country)  VIRGINIA  10d. Insida City Limi 1 Yas 2 17 N  at Country?  Amarican Indian, Whita, atc.
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TB/U	19a. Informant's Name/Ralationship (7			reet and Number or Rura		-	
2	ROY G. AESCHLIMAN  20a. Mathod of Disposition	•	132 OLD NOR ace of Disposition (Nama of matary, cramatory or other				EORGIA 30084 ty or Town, Stata
edic edic	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last	b. Chronic Dua to (or	as a consequence of): as a consequence of): as a consequence of):	ic palmon	sing dis	ease	
Physician/M	Part II. Other significant conditions of	ontributing to death but not rasul	ting in the underlying caus	givan In Part I.			ibute to the cause of dea
page 2 should be detached Completed by Physic					24a. Was an a performed	utopsy 17	24b. Wara autopsy findings available prior to completion of cause of daath?
8	or well allowed to the second				1 🗆 Yas	2∕□ No	1 Yas 2 No
D Be	25. Was casa ralarred to medical axaminar?	Hospital:		26. Place of Death Other:			
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ed in by the funera	3 Suicida 4 Homicida  6 Could not be datarmined				8f. Location (Strea City or Town, S		or Rural Routa Number,
=	29a. Cartifier 1 Certifying Phyone) Check only 2 Medical Exam	ysician: To the best of my know iner: On the basis of axemination and manner stated.	iadga, daath occurred at the on and/or invastigation, in t	a tima, data and place, a ny opinion, daath occurre	nd dua to the caused at the time, date	a(s) end mann and placa, and	nar as stated. d dua to tha causa(s)
w	29b. Signatura and title of certifier	an		ansa number -22574	29d.	Data signed (	Month, Day, Year)
	30. Nama and addrass of parson who o					-	1
	Robert Pace, MD 700	Old Line Center S		orf,MD 20601			

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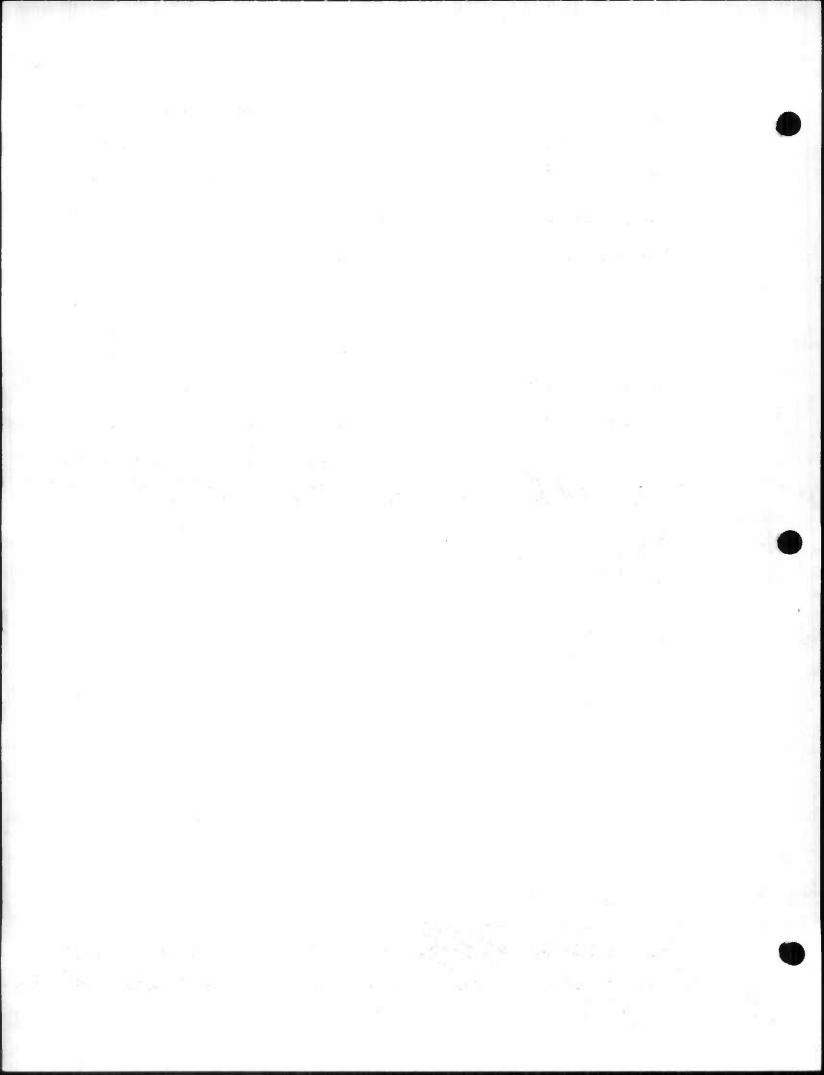
State of Maryland / Department of Health and Mental Hygiene 97 25652

					Certificate	01	Death		Reg. No.	21	40	002
	Dhyala	00	Decedent's Nama (First, Middla, Last)	0.	1	٨		2. Data of De	ath Day	Year_		ma of Death
	Physici /Medi		Julian	PIV	reda	H	yala	Augu		0 199	7 1	330
	Examir		4e. Fecility Nama (If not institution, give street end num	mber)			4b. City, Town, or Lor	cation of Deat	4c. Co	ounty of Daath		
			SHADY GROVE ADVENTIST H				ROCKVILLE			NIGOME		
	Funeral Director		5. Sociel Sacurity Number  595-61-4651  Usual Residence of Decedant	7. Age (In yrs. les	t birthday) If Under 1  Yrs. Months	Days	Hours Min.	8. Data of Bir (Month, Da June 1	th ly, Year) 1, 19(	9. Birth Cou )4 E1 S	opiaca (Si untry) Salva	ador
	ylend		10a. Stata 10b. County	10c. City, 7	Town or Location						10d. Insi	ide City Limits
	r 28a-f si	Director	Maryland Montgomery  10e. Straat and Number	Ge	ermantown 10f. Zip (	Coda			10g. Citizar	n of What Cou		Yas 200 No
	h with		13043 Dairymaid Drive		20	087	4		El Sal	lvador		
	deat	Funeral		edant Evar in U,S.	13. Was Deceda	ant of	Hispanic Origin? (Spe ban, Mexicen, Puarto F			Race - Ameri Biack, Whita		an,
Maryland 21215-0020	n 72 hours after death with the Marylend "natural", or items 23a or 28a-f show of gal Examinar must be notified at	by	1 ☐ Never Married 2 ☐ Married 1 ☐ Yas If Yas, Given 3 ☒ Widowad 4 ☐ Divorced Yaar or D	2X No			Canaihu	alvado			nite	
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d 2	五十二		17. Father's Name (First, Middla, Last)		Drive		18. Mothar's Nama	(First, Middla	Maldan Su	mame)		
lan	0 5 0	To Be	Unavailable				Fidelia		Pine			
ary	d 2 should be th end Mental 7 Is marked or traumatic eva	-	19e. Informant's Name/Ralationship (Type, Print)		19b. Mailing Addrass	(Strae	at and Number or Rura				ip Coda)	
Baltimore, Ma	tem 27 le		20a. Method of Disposition	20b. Piac	13043 Dairy a of Disposition (Nameletery, cramatory or off	/ma a of	id Drive,	German Data	town,	Maryla ion - City or T	nd own, Sta	20874
m	× = = >		1 ☐ Burial 2 🌣 Cremation 3 ☐ Ramoval from 4 ☐ Donation 5 ☐ Othar (Specify)	SIZIZ			atory 8-	11-97	Relts	ville	Mar	wland
alt	permit. F Departm Importan any injur		21. Signatura of Funeral Sarvice Licensae		22. Nama and	Add	rass of Facility					
0	89 = 28		Carol a Do	Q	Rapp Fi	ine	ral Servic Avenue, Si	es, P.	A.	Manul	and	20010
	Physician		23a. Part 1. Entar the disaasa, or complications that c shock, or haart failura. List only ona ceusa on a	ausad tha daath.	Do not antar tha mode	of dy	ring, such as cerdiac of	r raspiratory a	rrast,	riaryi	Approx	ximate ai Batween and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition A C.	ate My	ocardial	I	ntarction Diseas-	1		-	7	days
	LAGITHITE	L.	resulting in death)	Dua to (or e	s e consequance of):							years
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	and and el-tra	Examiner	Sequantially list conditions, if any, leading to Immadiate ceuse. Entar Undarlying Cause (Diseesa or injury	Dua to (or å	s a consequance of):	-						100 10
68760,	e be de sicial		triat initiated evants	Due to /or es	s a consequance of):					- 1		
	eath certificete be executed attending physician and I for use es the buriel-transit	Medical	resulting in daath) Last	Dua to (of as	s a consequance on.					1		
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	0 0 0	Physician/	Part II. Other significant conditions contributing to de	aath but not rasuitir	ng in tha undariying ce	usa g	ivan in Part I.	23b. Dld	tobacco ua	e contribute 1	to tha ca	use of death?
P.O.	requiras thet the leen signed by th hould be detache	Phy	Chronic Lymphocyt	- 10.	leem to			1)20	Ŷes 2□I	No 3□Pro	obably	4 Unknown
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7	Physician: r this certific rrai director,	2	- Hospital: \	npatiant 2 ER	VOutpatient 3□ DO	1 0	thar: 4 Nursing Hon	na 5□ Rasi	dance 8	JOther (Speci	ify)	
Division of Vital Records,	Hing After fune	Certification:	2 Accidant invastigation	of Injury 28 th, Dey Year)	Bb. Tima of 28 Injury M	c. Inji W	uryat ork? ]Yas 2 □No	8d. Dascribe	how Injury o	ccurred		
N N	s after d	Certifi	3 ☐ Sulcide 6 ☐ Could not be datarmined 28a. Piace buildir	of Injury - At home ng, etc. <i>(Spacify)</i>	a, farm, atraat, factory,	office	2	8f. Location ( City or To	Street and N wn, Stata)	iumber or Rur	ral Routa	Number,
	To the Hospital or Attanding within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edicai (	29a. Certifier (Check only one)  1. Certifying Physician: To the 2 Madicel Examinar: On the beautiful one)	best of my knowle asis of axaminetion per sinied.	dga, daath occurred a n end/or invastigation, i	t tha i	tima, data and place, a opinion, daath occurre	nd dua to tha d at tha tima,	causa(s) an data and pla	d mannar as a	stated. to tha cer	use(s)
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	1		10 ske I da	anta	D	4	14120		Avai	ist	10	1997
		Î	30. Nama and addrass of person who complated ceus	a of deeth (Itam 23	Ba) (Type, Print)	,	14120 Naylan 2		)			
			14816 Physicians Lane	152	Kocksille,	h	layland 2	0750				
	Sta Registr	te ar	31. Data filad (Month, Dey, Year) AUG 13 1997	Julia Day	door-Andell	•						



State of Maryland / Department of Health and Mental Hygiene 97 25653

ion	1. Decedent's Nama (First, Mid	idia, La	ist)						2. Date of D	Deeth		Year	3. Tima of De
ian ical	Desikad		7						August		997		1735
ner	4a. Fecility Name (If not instituti	ion, giv	e straat and nu	ım <i>bər)</i>			4b. City, To	own, or L	ocation of Dea	ath 4c. (	County of		2100
	Shady Grove	Adv	ventist	Hospit	al		Roo	ckvil	lle	М	lonte	omer	v
	5. Social Sacurity Number	6. 5		7. Age (In yrs		) If Undar 1 Ya Months Da	ar If Unda	24 Hrs. Min.	8. Date of B (Month, L		- 10		ce (Stete or Fo
	None	1	1 🕅 M 2□ F	86	Yrs.	MONTHS	ys Hours	Min.	June 17	. 191	1	Indi	
	Usuel Residence of Decedent							-					
	10a. Stete 10b. Count	ity		10c. C	ity, Town or L	ocation						10d	J. Inside City L
ct	Maryland Mont	gom	nery	N	. Potor	mac							1 ☐ Yas 2
Director	10e. Street and Number					10f. Zip Cod	е			10g. Citiz	en of Wh	et Country	17
	5 Pissaro Co	ourt				208	78			Indi	a		
Funerai	11. Marital Status		12. Was Dac Armed F	edent Ever in U	J,S. 13.	Was Decedent	of Hispanic Or	rigin? (Sp	ecify Yas or N	10- 1		American	
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d by	3	ed	Year or E			ILI TAS ZUALI	чо зреспу.				Specify:	As	sian
Completed	15. Decede (Specify only high	ent's Ed	ducetion		16e. Dece	dent's Usual Oc	cupation	et of work	ina	16b. Kin	nd of Busi	ness/Indus	stry
nple	Elementery/Secondery (0-12)			1-4or 5+)	life.	kind of work do DO NOT use re	ired)	SI OF WORK	u ig				
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Be	17. Father's Name (First, Middle	. ,					18. Moth	er's Nam	e (First, Middle	e, Meiden S	Su <i>ma</i> me)	)	
2	Srinivasa T	Cola	ippalacl	nar			S	Seeta	mma	(Not	Avai	lable	2)
	19e. Informent's Name/Relation	nship (	Type, Print)		19b. Meili	ing Address (Str	et and Numb	er or Rur	al Route Num	ber, City or	Town, St	tete, Zip C	ode)
	Varadarajan A	tur	/Son		5 Pis	ssaro Co	ourt, N	I. Po	tomac.	Marv	land	208	378
	20a. Method of Disposition			20b.						1		ity or Town	n, State
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Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25654 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Arnold manuela :15 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Silver Spring Holy Cross Hospital Montgomery If Under 24 Hrs Hours Min. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Months 1 M 2 DXF Yrs. 158-20-8301 63 Director 25, 1933 Dec. Brazil Usual Residence of Decedent tha Maryland 10a State 10c. City, Town or Location 10b. County item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Modical Examinar must be notified at 10d. fnside City Limits 1 ☐ Yes 2 X No Directo Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 9209 Friars Road 20817 United States death Funera 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ②☐ No ff Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours aftar 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: þ Specify 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Pagas 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "eny injury or other traumatic event, Ite Men Etementery/Secondary (0-12) College (1-4or 5+) Registered Nurse County Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Ernst Miksch Marguerite Tuschner 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Daisy Baquero / Daughter 9209 Friars Road, Bethesda, Maryland 20817 20b. Place of Disposition (Name of cemetery, crematory or other place) Aug. 9, 1997 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bethesda, Maryland Montgomery Crematorium, Inc. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Robert A. Pumphrey Funeral Home, Bethesda-Chevy Chase, Inc., 7557 Wisconsin Ave. Bethesda-Chevy Chase, Inc., 75 Bethesda, Maryland 20814-3501 Brun rulla M00348 Bethesda, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) week Examiner Due to (or es a consequence of): Examiner burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a conseque P.O. Box 68760. attanding physician The law requires that the death certificate be Physician/Medical the Due to (or as a consequence of): Por is signed by the all Part II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 2 No 3 Probabty 4 Unknown Records. þ 24b. Were autopsy findings available prior to completion of cause of death? cartificate has been si irector, page 2 should Be Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 🖾 No 1 ☐ Yes 2 XNo Division of Vital To the Hospital or Attanding Physician: within 24 hours after death. 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident by the Director: 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide within 24 hours a
To the Funerei D
complataly filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated. Medical 29a. Certifier 2 Medical Examtner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year)

D0052191

1500 Forest Glen Road, Silver Spring, MD

d address person the completed cause of deeth (Item 23e) (Type, Print) Holy Cross Hospital/Kaiser Permanente

32. Registrar's Signature

Julia Davidson

20

State Registrar

30. Neme e

Esteban Marquez, M.D.

State of Maryland / Department of Health and Mental Hygiene

25655 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Dev August 7, 1997 Isabelle M. Ambrose /Medical 10:25 am 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 5810 Kingswood Road Bethesda Montgomery If Under 1 Year | If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) 6. Sex Birthpiece (State or Foraign Country) Months 1□ M 2対 F Yrs 579-44-8525 95 February 2,1902 Pennsylvania Usuel Residence of Decedent 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Director Maryland Montgomery Bethesda 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20814 5810 Kingswood Road United States Funeral 14. Rece - American Indien, Bleck, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritei Status 1 ☐ Yes 2 🛣 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify. þ 3 Widowed 4 Divorcad White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 5+ Registered Nurse Health Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Be 0 Not/ Available Not/ Available 19a, informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cynthia Lee/ Executor 45190 Clark's Landing Road Hollywood, Maryland 20636 20b. Pleca of Disposition (Name of cametery, cremetory or other place) August 9, Dete 997 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 □ Donetion 5 ☑ Other (Specify) Entombment Fort Lincoln Cemetery Brentwood, Maryland 21. Signeture of Funeral Service Licensee 22 Name and Address of Feelily Funeral Home/ Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase 11c 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 M00335 M00335 | Bethesda, Maryland 20814-350

23a. Pent. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heaft failure. List may one cause on each lina. Approximeta Intarvai Between Onset end Deeth Immediete Causa (Final diseese or condition resulting in death) Coronary Disease Years Due to (or es a consequence of): Examiner Angina Pectoris Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequença of) Hypertension Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Diabetes Mellitus þ 24b. Were eutopsy findings availabla prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes 2 ☒ No 1 ☐ Yas 2 ☐ No 25. Wes casa referred to medical examiner? Be 26. Placa of Daath (Check only one) Hospitel: Other: 4 Nursing Home 5 🔀 Residence 6 Other (Specify) 0 1 ☐ Yas 2 ☐ No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Dey Year) Certification: 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Placa of injury - At home, farm, streat, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the bast of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted.

2 Medicat Exeminer: On the basis of examinetion end/or investigation, in my opinion, death occurred et the tima, data end pleca, end due to the ceuse(s) end menner steted. 29e. Cartifiar Medical (Check only one) 29b. Signature end title of certifie 29d. Date signed (Month, Dey, Year) D 18612 August 7, 1997 30. Nama end eddress of person who complated causa of daath (Itam 23a) (Type, Print) Alberto Rotsztain, M.D. 6116 Executive Boulevard #155 Rockville, Maryland 20852 32. Registrates Salbaria

State Registrar

**Funeral** 

Director

ral', or items 23a or 28a-f show Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a any Injury or other traumatic event, the Medical Examiner mand office.

Physician /Medicai

Examiner

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page 2 certificate

this funeral

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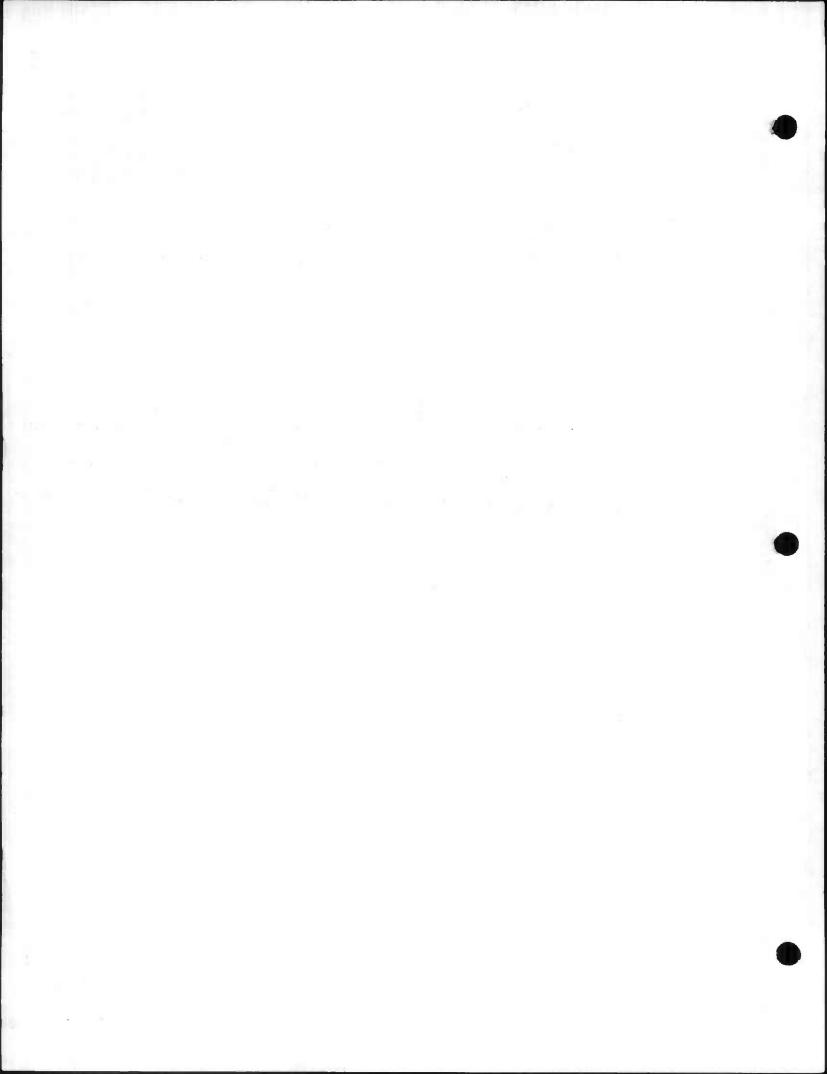
that the death certificete be executed

Division of Vital Records, P.O. Box 68760,

Hospital or Attanding Physician:

EBaltimore, Maryland 21215-0020

with the Marylend



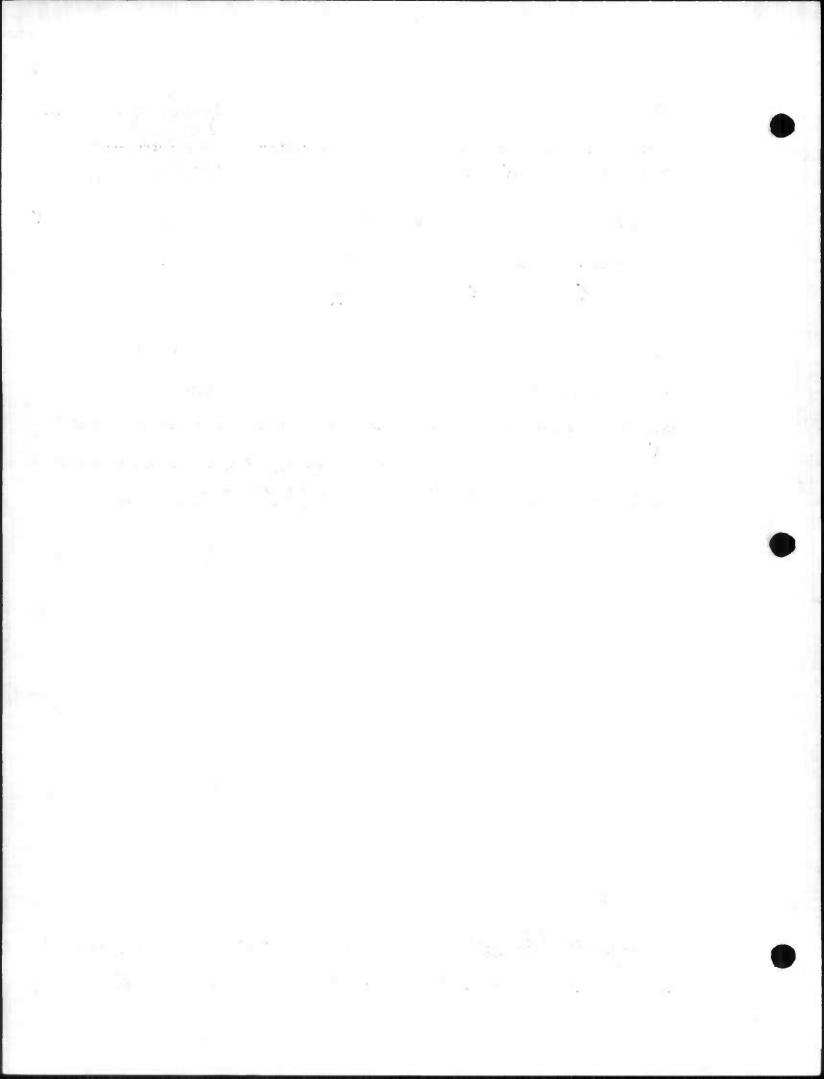
# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Gertificate of Death

						Certific	ate of	Death		Reg. No.	, ,	200	000
			1. Decedent's Neme (First, Middle, La	st)					2. Dete of De	eth	GAN.	3. Time	of Death
	Physici		Corazon	Esquioja	Δο	lipay			Month August 1	6, 1997	Year	7.24	P.M.
	/Medic Examir		4a. Facility Name (If not Institution, giv			ripay		4b. City, Town, or	Location of Deat		of Deeth	7.27	A
	LAGIIII	iei	Fort Washington	Hospital			I	Fort Wash	nington	Prince		roe's	
	Funeral		5. Sociel Security Number 6. S		(In yrs. last bii	rthday) If Un	der 1 Year						or Foreign
	Funeral Director			□M 201F 8		Yrs. Monti	hs Deys	Hours Mir		ey, Year)	Cour	itry)	or Foreign
			Usual Residence of Decedent	0					August	21,1915	Phil	трріп	ie Is.
	land w		10a. State 10b. County		10c. City, Tow	n or Location					1	Od. Inside (	City Limits
	Many	ō	Maryland Prince	George's	Fort	Washi	noton				ĺ	1 ☐ Ye	s ZO No
	28e	Director	10e. Street and Number	ocorge 3	1016		Zip Code			10g. Citizen of 1	Albert Cour	ata O	
	death with the Maryland	굽	- 10 - 10 CE   10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	1 D 1		101.		,					
	ath 23	Funeral	7906 Carey Branc			1	2074			Philip			
	items items	Š	11. Meritai Status	12. Was Decedent E Armed Forces?		13. Was De	ecedent of I specify Cub	Hispenic Origin? ( an, Mexican, Pue	Specify Yes or No no Rican, etc.)	)- 14. Red Ble	e - Americ ck, White,	etc.	
20	a gE	Y	1 Never Merried 2 Merried	1 Yes 2 XX	0	1□ Yes	8 2 No	Specify:		Specifi	Fili	nino	
8	aral',	d by	3 Widowed 4 Divorced	Yeer or Dates:							The also also also	priio	
הַיַּ	72 h	ete	15. Decedent'e Ed (Specify only highest gra		16e	. Decedent's U (Give kind of	work done	petion during most of wo d)	orking	16b. Kind of B	usiness/In	dustry	
Maryland 21215-0020	2 should be filed within 72 hours after and Mental Hygiene. Is marked other than "natural; or the raumatic event, the Moultal Examination."	Completed	Elementery/Secondery (0-12)	College (1-4or 5-	F)								
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<u>a</u>	Men	2	Fermin Esquioja					Julian	a Macar	aeg			
a	s m		19e. informent's Neme/Reletionship (	Type, Print)	19b	. Melling Addr	ess (Street	end Number or F	iural Route Numb	er, City or Town,	Stete, Zip	Code)	12.00
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e e	of He		20e. Method of Disposition		20b. Place o	f Disposition (i	Neme of	anch Dr.	Dete	20c. Location	City or To	wn, State	
Ĕ	Page ent c nt: If		1 XBurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif			lary's			8/20/97	Clinton			
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Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", eny injury or other traumatic event, to Medical Expanse.		H. (D)	211.	1 ,			Kalas F					
44			Teorge	races	/	6160	Oxon	Hill Rd	. Oxon H	ill, Md	.2074	5	
10			23a. Part1. Enter the disease, or com shock, or heart feiture. List only	plications that caused to one pause on each line	the death. Do	not enter the n	node of dyl	ng, such es cardie	oc or respiretory	rrest,	0	Approxima Interval Be	otween
	Physician			1/0	110	1//	110	- 1º	) (	dulla	T	Onset and	Death
	/Medical Examiner		Immediate Cause (Final disease or condition	10	ll ll	- 111	(DK)	(a)	all	MILLE	WW	AM	HUE
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	death certificate be axecuted e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions,	1	ye to for as a	consequence	of):	01		-			0
ó	an a lan a		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	$-\alpha$	MI	Dur	10	ON	000	1		1701	IV Q
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Box	that the death cer ed by the attendin detached for use	2		d							-		
6	deat e att	Physician/	Part II. Other significant conditions of	ontributing to death but	not resulting l	n the underlyin	o cause oi	ven in Pert I	23b Did	tobacco use co	otribute to	the cause	of death?
4 0	0 52	hys		or tributing to doctif but	The Crooding II	i aro arraorrym	ig oddio gi	VOIT HTT OIL I.		Yea 2 No			
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- 7 S	20 00	du								37	of	death?	
	The page	S							10	Yes 2 No	10	Yes 2	□No
ES9 Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical exeminer?					26. Place of De	eth (Check only	one)			
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	ding Phys h. Aftar this funeral d		27. Menner of Deeth 1 ☑Neturel 5 ☑ Pending	28e. Dete of Injury (Month, Dey	Year) 28b.	Time of njury	28c. Inju Wo	ry at rk?	28d. Describe	how injury occur	red		
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of 420 r Division	s after	Certification:	\	building, etc.	(Specify)				Only or 10	wii, Steley			
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2	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	edica	(Check only 2 Medical Exam	finer: On the basis of e	examinetion en	d/or investiget	ion, in my	pinion, deeth occ	urred at the time,	dete and plece,	and due to	the cause	(s)
U	Withir To th	ž.	29b. Signature and title of certifier	ILIAI	c .	MAN	29c. Licens	se number		29d Date signe	d (Menth.)	Clay, Year)	
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	10/		30. Name and address of degrees who	tropieted cause of del	(nem 23a)	Type, Print	20	11/A	1/c 1A	R	11 12	A IX	State
1/6			31. Date filed (Month: Day, Year)	32. Registrer	'e Cignoti	10	16	TUI	NZ K	N OON	WII	41	114)
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DHMH 16 Rev 6/95

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	Examir Funeral Director	ner				8. Data of Birt	Dorch	
Н	y .		Usuel Residence of Decedent					naryrand
	death with the Maryland irns 23s or 28s-f show it must be notified at	20	10a. Stete 10b. County 10c. City, Town or Local					10d. Inside City Limits
	The N 28s-4 Doublin	Director	Maryland Dorchester East New Ma	10f. Zip Coda			10g. Citizen of V	
	3a or at be		3717 Green Point Road	21631			USA	mat oddiny i
20	5 2 2	by Funeral	11. Marital Status  1 Nevar Merried 2 Married  12. Was Decedent Evar in U,S. Armed Forces?  1 Yes, Give 1 I		dispanic Origin? (Specan, Mexican, Puarto R Specify:	oify Yas or No- lican, etc.)		
8	n 72 hours ath "natural", or edical Exami			int's Usuei Occup	antion		16b Kind of Bu	Black Isiness/Industry
Maryland 21215-0020	within 72 ene. than *nat the Medica	Completed	(Specify only highest grada completed) (Giva kii	ind of work done O NOT use retired	during most of working	0	Too. King of bu	siness/industry
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Ma	公司总量		James Edward Travers(son-in-law 3713 (		and Number or Rural		-	
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Baltimore,	permit. Pages Department of Important: If its any injury or o		Sunar 2 Cicremation 3 Ciremoval from State	atory or other place		6/97 F	ast New	Market, Md.
alti	Departm Departm Imports any inju		21. Signeture of Funeral Service Licensee 22.	Name end Addre	ss of Fecility		asc new	Harket Jila .
8	88118				th Funeral 687, Easto		vland 2	1601
•	Physician		23a. Part1. Enter the disease, or complications thet caused the deeth. Do not enter shock, or heert feilura. List only one cause on each line.	the mode of dyir	ng, such as cardiec or	respiretory ar	rest,	Approximate Interval Between Onset and Death
	/Medical Examiner	, L	Immediate Cause (Finel disease or condition resulting in deeth)  a. CARCIAC ARI	once of):	min			4 min
·0,	cets be executed physician and the burial-transit	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enler Underlying Ceuse (Disease or injury c.	ence of):	E_			
Box 68760,	nding puse es	n/Medical	that initiated events resulting in deeth) Lest  Dua to (or as a consequence deeth) Lest	ence of):				
	0 0 0	sicia	Pert II. Other significant conditions contributing to death but not resulting in the und	lerlying causa giv	ven in Pert I.	23b. Did t	obacco usa con	ntribute to the cause of death?
s, P.O.	requires that the death seen signed by the atte hould be detached for	by Physician/M	Mon Insulin Dependent Dirobe	/				3□ Probably 4€Unknown
Records,	ew requin	Completed				24a. Was perfor	an autopsy rmed?	24b. Were autopsy findings available prior to completion of cause of deeth?
						101	res 2 Me	1 Yes 2 die
Vital	Physician: The this certificate rai director, pag	Be	25. Wes case referred to medical examiner?  Hospitel: Hospitel:	2□ DOA Oth	28. Place of Deeth			
ion of		ation: To	1 Yes 2 No 1 Inpatient 2 ER/Outpatient  27. Menner of Death 1 Natural 5 Pending 2 Accident investigation  1 Inpatient 2 ER/Outpatient 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury	28c. Injur Wor	4 U Nursing Home		lence 6 □Othe now Injury occurr	
Division	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	Certificatio	3 ☐ Suicida 6 ☐ Could not be detarmined 28e. Piece of Injury - At home, ferm, stree building, etc. (Specify)	it, factory, office	28	3f. Location (S City or Tox		er or Rural Route Number,
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in	edical	29e. Certifier (Check only one)  1  Certifying Physician: To the best of my knowledge, deeth of the basis of examinetion end/or invested end mennar steted.	stigetion, in my o	ne, dete end piece, an pinion, deeth occurred	d due to the d d at the time, d	cause(s) and me deta and plece, a	nner es stated. and due to the cause(s)
	To the within 2 To the comple	Σ	29b. Signeture end title of cartifor	29c. Licens				(Month, Day, Year)
			1 /11/4/Octilled MES	779	6388		08-0	15-199/
			30. Name and address of person who completed cause of death (Item 23a) (Type, Pr	int) . COI/10	os , the	block	/ /	25-1997 Mcl 2/643
F	Sta Registr		31. Dete filed (Month, Dey, Year)  32. Registrer's Signature	2.00				page-1-1-2-2-3-4-4-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5

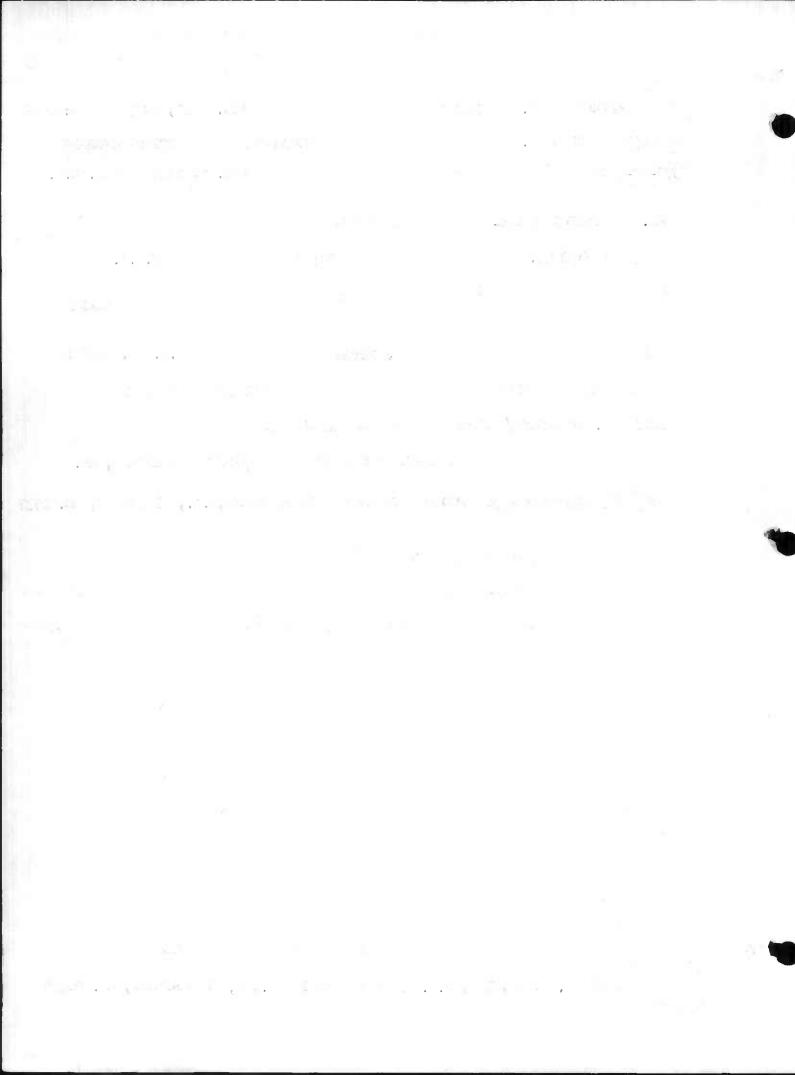
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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Physicia /Medica			ALFRED	0.		JTLER					2. Date of D Month AUG.	Day 19	Year	3. Time of Deal
Examine		4e. Facility Name			number)				4b. Cit	y, Town, or	Location of Dea	th 4c. Cour	ty of Death	
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uneral		5. Sociel Security I		5. Sex 1)X M 2 □ F		(In yrs. lest birth		Under 1 Ye onths Day		nder 24 Hrs urs Min	. (Month, D	ay, Year)	Cou	place (State or For
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ž w		10a. State	10b. County			10c. City, Town	or Locati	on						10d. Inside City Li
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not	Director	10e. Street and Nu		_ 020101			1	Of. Zip Code	<b>•</b>			10g. Citizen o	f Whet Cou	ntry?
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E	þ	3 Widowed	4 Divorced	If Yes, ( Year or	Give Dates:		1⊔	Yes 2 X	lo Spe	ecify:		Spec	lfy:	LACK
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Tic I	0	TIW	LIAM	BUTLE	R					L	CILLE	BARE	OUR	
8 E E		19a. informant's N	ame/Relationshi	p (Type, Print)		19b. I	Mailing A	ddress (Stre	et end N	umber or A	ural Route Num	ber, City or Tow	n, Stete, Zi	Code)
item 27 is marked other than other traumatic event, the M		WILLIAN	A. CAR	PENTER/1	VIEIP HE		AME		TEM	#10				
or off		20e, Method of Dis	position Cremetion 3	Removal from	m State	20b. Plece of I cemetery		n (Neme of bry or other p			Date	20c. Location	- City or T	own, State
			5 Other (Spe		II State	CHAMBE	RS C	REMATO	DRY	X	8/12/97	RIVER	DALE.	MD.
Important: any injury once.		21. Signature of Fu	uneral Servica U	gensee	15		22. Na	me and Add	dress of F	ecility				
ESB		1//1	レノイイム	mhum	61	M00091	CHA	Morroc	ביו וועד	T TAGE	TOMPO D	A DT	THE CHILD	E, MD.20
	7	23a. Part1. Enter t shock, or hea	the disease, or c	emplications that			ot enter th	e mode of d	lying, suc	h as cardia	c or respiretory	arrest,	FKUAL	Approximate Interval Between
	a Examiner	resulting in death)  Sequentially list co if any, leading to in cause. Enter Und Cause (Disease or		b. Hy	per	Due to (or as a co	_	ca of):	<b>O</b> n a	bell	2-			2090
iding physise es the	/Medic	resulting in death)	s Last	d		ue to (or as a co		ce of):						
signed by the etter	Physician	Part II. Other signit	ficant conditions	s contributing to	death but	not resulting in t	the under	lying ceuse	given in F	Part I.		Yee 2 No	ontribute t	o the cause of de bably 4 Unk
pe ed	2													
page 2 should	Siec										24e. Wa per	s an autopsy ormed?	6/	ere autopsy findin reilable prior to
ge 2 st	I I												of	ompletion of cause deeth?
page page	3										1 🗆	Yes 2 No	1	☐Yes 2☐No
ertific ector,	מ	25. Was case referexaminer?	rred to medical							Place of De	ath (Check only	one)		
this cr	2	1 ☐ Yes 20X1	`	Hospitel: 1	Inpatient	t 2 ER/Outp	petient 3	SLI DOA		☐ Nursing I	lome Res	idence 6 🗆 O	ther (Speci	(y)
After funer	TION:	27. Manner of Deat  Natural  2 ☐ Accident	h 5 Pending investiga	(Mo	e of Injury onth, Dey		ury	28c. In W	jury et /ork? □ Yes	2 🗆 No	28d. Describe	how injury occi	urred	
Director: Lin by the		3 ☐ Suicide 4 ☐ Homlcide	6 Could no determine	ed 286. Plac	ce of Injunding, etc.	y - At home, fam (Specify)	n, street,	factory, offic	e			(Street and Nun	ber or Run	al Route Number,
Funer taly fill		29a. Certifier (Check only one)	Certifying	Physician: To the and ma	ne best of basis of e	xaminetion end/	deeth occ	curred at the gation, in my	time, dat opinion,	e and place death occi	a, and due to the urred at the time	cause(s) and r , dete end plece	nenner as s	steted. the cause(s)
New Med	- 1	29b. Signature	litie of certifier					29c. Lice	nse num	ber		29d. Dete sign		
8000		X	00	/				D3	47	22		0.00	v 11.	-1997
	1	30. Name and add	ass of parent in	o completed as	use of dan	ath (Item 22a) /T	wne Prin		//	Na		und		
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6)		31. Date Mod /Mon	ICKEN K.	POOCHI	Registrar	e Signature			PULL	S KD.	,#3, BL	ADENSBU.	nci, M	D. 20710
State Registrar	-	31. Date Med (Mon	AUG'I	1997	July	a Davidson	Ran	600						
					- 6		-	4						



State of Maryland / Department of Health and Mental Hygiene 25659 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Yvette 13, Pamela. Bull-Davis 1997 August 12:40 PM /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Locetion of Death 4c. County of Death Examiner 220 Southampton Drive Silver Spring Montgomery if Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funerai** 10M 2XF Days March 15, 1950 Sierra, Leone 216-80-5675 47 Yrs. Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Mudical Examiner must be notified at 1 Yes 2 No Directo Silver Spring Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 220 Southampton Drive 20903 items 23a United States permit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23s any Injury or other traumatic event. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 21 Married EBaltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by Specify 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 4 Dietician/Nurse Hospital 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be William Charles Bull Sarah Jengo 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 220 Southampton Drive, Silver Spring, Maryland 20903

ace of Disposition (Neme of Date 200. Location - City or Town, State Charles M. Davis Husband 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 1 X Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 8-23-97 Silver Spring, Maryland 21. Signature of Fuperal Sergice Lightness 22. Name and Address of Fecility
Rapp Funeral Services, P.A. 23a. Pert . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximately a such as cardiac or respiratory arrest,

Approximately a such as cardiac or respiratory arrest, 20910 Approximete interval Between Onset end Death **Physician** /Medicai Immediate Cause (Final diseese or condition resulting in death) Liver Failure Examiner Due to (or as a consequence of): Breast Cancer Metastases or Attending Physicien: The law requires that the death cardificate be executed effer death.

Director: After this certificate hes been signed by the attending physicien and attanding physician and for usa as the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of) been signed by the a should be detached f P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ Completed 24a. Was an eutopsy performed? 24b. Were autopsy findings evellable prior to completion of ceuse of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🛱 Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral Certification: 27. Menner of Death 28b. Time of 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 1 X Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident filled in by tha 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide To the Hospital of within 24 hours of To the Funeral D compietaly filled Medical 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner es stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 0 MD000022014 August 14, 1997 and address of person who completed cause of death (Item 23e) (Type, Print) Daniel Hayes, M.D., 3800 Reservoir Road, NW, Washington, DC

32. Registral's Signature.

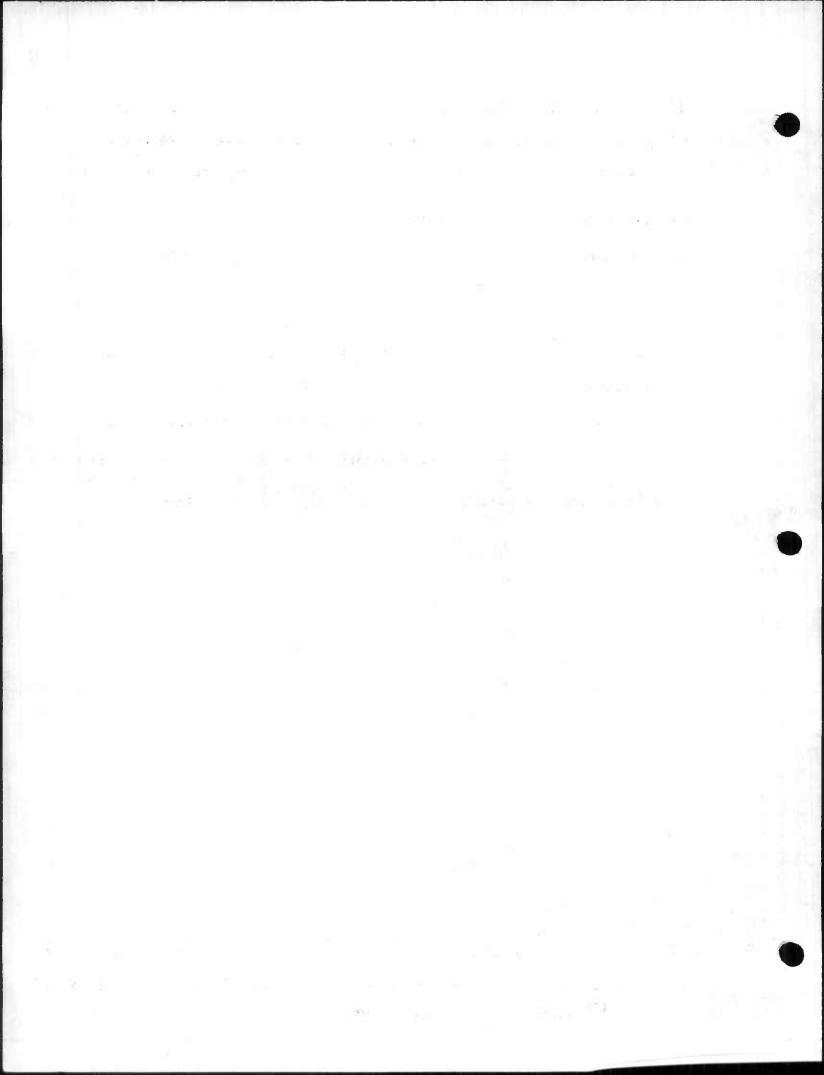
Juna Davidson-Randelle

DHMH 16 Rev 6/95

State Registrar State of Maryland / Department of Health and Mental Hygiene 97

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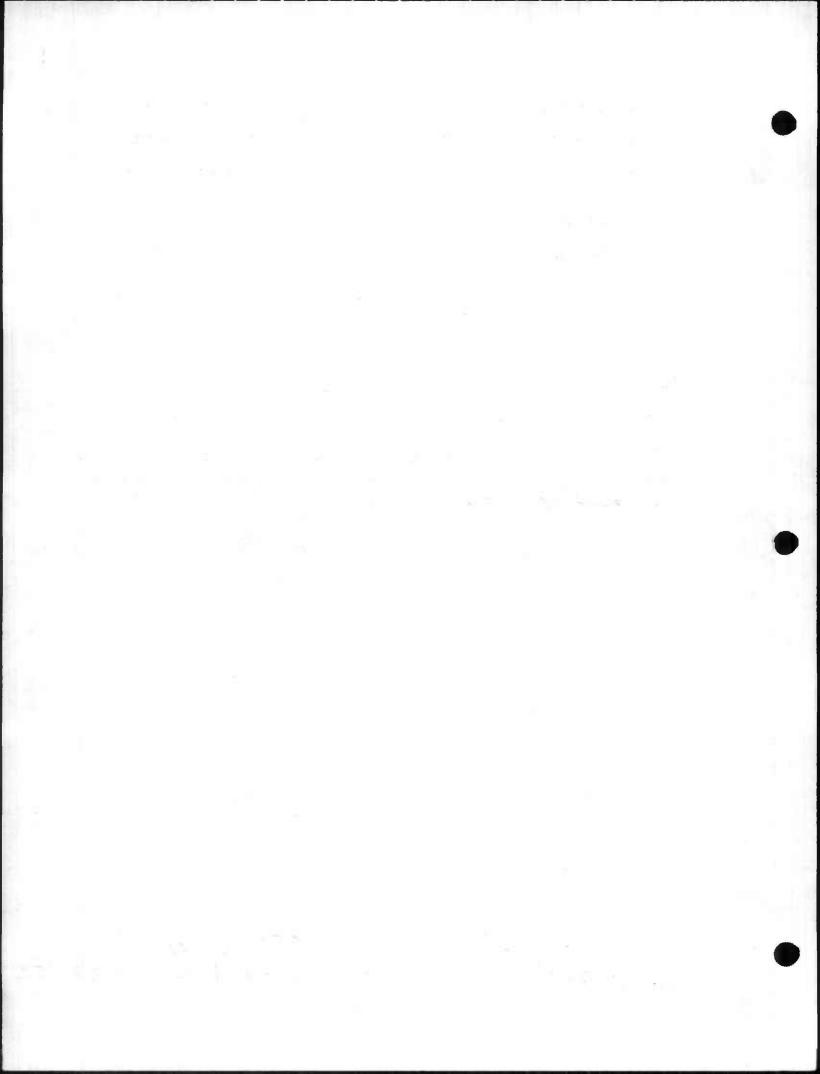
	Cert	ificate of Death	Reg. No.	21 23000
Dhysisian	Decedent's Name (First, Middle, Last)		2. Data of Death Month Day	3. Tima of Death
Physician /Medical	Phyllis M. BRANDY		AUGUST 8	1997 9:20 AM
Examiner	4a. Facility Name (If not institution, give straat and number)	4b. City, Town, or Lo	ocation of Death 4c. Cou	unty of Death
	WASHINGTON ADVENTIST HOSPITA	L TAKOMA	PARK Mo.	NTGOMERY
ral	5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey)	If Under 1 Year If Under 24 Hrs.  Months Days Hours Min.	(Month Day Year)	9. Birthplaca (Stete or Foreign
or	242-34-8307 13 m 221 69 Yrs.	Tours Will.	Sep. 14, 192	9. Birthplaca (State or Foreign Country) West Virginia
	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Loca	tion		
5	100. 011, 10111 01 2002	tion		10d. Inside City Limits
Director	Maryland Howard Elkridge			1 ☐ Yes 2 ☑ No
		10f. Zip Code		of What Country?
20	6628 Pirch Way	21075	USA	
Funeral	11. Marital Status 12. Was Decedent Ever in U,S. 13. We Armed Forces?	is Decedent of Hispanic Origin? (Sp. es, specify Cuban, Mexican, Puerto	ecify Yes or No-	Race - Amarican Indian, Black, Whita, etc.
by F		Yas 2 No Specify:	Spe	ecify: LTb 4 to a
				MILLE
Completed	15. Decedent's Education 16a. Deceder (Specify only highest greda completed) (Give kir.	it's Usual Occupation ad of work done during most of work	ing 16b. Kind o	f Business/Industry
E	Elementary/Secondary (0-12) College (1-4or 5+)	NOT use retired)	Pag	taurant
	17. Fathar's Name (First, Middla, Last)			
Be	Hugh Stevenson		e (First, Middle, Maidan Sun	ieme)
10			Mitchel	
		Address (Street end Number or Rure		
		irch Way, Elkridg		21075
	X□ Burial 2 □ Cremation 3 □ Removal from State cemetary, creme			on - City or Town, State
		iemorial Park 8/		
	21. Signature of Funetal Service Licensaa 22. N	ama and Address of Facility Hir	nes-Rinaldi F	uneral Home
	Ihoma & There Si	300 New Hampshire Lver Spring, Mary	vland 20904	
	23a. Part1. Enter the disease, or complications that used the death. Do not enter shock, or heart failure. List only one cause on each line.	ha moda of dying, such as cardiac of	or respiratory arrest,	Approximate Interval Between
٥.	Shook, of Hour failule. List only one causa on acri inte.			Onset and Death
ŀ.	Immediate Cause (Final disease) or condition as Condession condition as Condession to death of the Condession condition as Condession to the Condession of t	COLL DO		
	resulting in death)  a			4 WEEKS
ē		C1.111		100
Examiner	b. CORONARY AR  Sequentially list conditions.  Due to (or as a conseque			10 YEARS
EX	if any, leading to immediate			23 YEARS
edical	that initiated events			L3 YEARS
8	resulting in death) Last	ice or).		
2	d			
<u>c</u>	Bort II Other elemiticant conditions contribution to do it is a second to the second t		1	
Physiclan/	Part II. Other eignificant conditions contributing to death but not resulting in the under	inying ceuse given in Part I.		contribute to the cause of death?
			1 ☐ Yee 2 ☑ N	o 3 Probably 4 Unknown
d by			240 18/00 00 00	24h Ware sutanes the diese
Completed			24a. Was an autopsy performed?	24b. Ware autopsy findings available prior to completion of ceuse
Idu				of death?
Ö			1 ☐ Yes 2 🗷 No	1 ☐ Yes 2 ☐ No
Be	25. Was case referred to medicel examiner?	26. Place of Death	(Check only one)	
To	Hospital:	3□ DOA Other: 4□ Nursing Hor	me 5 Rasidence 6 0	Other (Specify)
	27. Manner of Death 28a. Date of Injury 28b. Time of (Month, Day Year) Injury		28d. Describe how injury occ	
atic	1 Anatural 5 Pending (Month, Day Year) Injury 2 Accident Investigation	M 1 Yes 2 No		
Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, building etc. (Specify)	factory, office	28f. Location (Street and Nu	mber or Rurel Route Number,
Cer	4 Homicide building, etc. (Specify)		City or Town, State)	
	29a. Certifier 1 Certifying Physician: To the best of my knowledge, death on	curred at the time, date and place, a	and due to the cause(s) and	manner as stated.
edical	(Check only one)  2 Medical Examiner: On the basis of examination and/or invast and manner stated.	igation, in my opinion, death occurre	ed at the time, date and place	e, and due to the ceuse(s)
Me	29b. Signature and title of certifler	29c, Licensa number	29d. Data sig	ned (Month, Dey, Year)
	Annia () En Mi	27837	0	T 8 1007
	20 Name and address of across to		Augu.	
	30. Name and address of person who completed cause of death (Item 23a) (Type, Prin	7	D m	. 1 1 0
	21 Date filed (Month Day York) 30 Date filed (Month Day York) 30 Date filed (Month Day York)	MUENUE IAKON	1A MARK, ILLA	184land 20912
tate	31. Data filed (Month, Day Year) AUG 12 1997.  32. Registrat's Signature  Fundamental Standard Standar	where.	/	
strar	מושיים ביו ומושיים וויים בייי			



State of Maryland / Department of Health and Mental Hygiene 97 25661

		Dacedant's Nama (First, Middla, Last	")	Cer	tificate of	Death	2. Date of Daeth	. No.	3. Tima of I
Physici /Medi		ROZA BUBAR AKA BO	OUBAR				AUGUST 13	Dey 1997	2:00P
Examir		4a. Facility Nama (If not institution, giva HEBREW HOME OF GR	No. of the last of	TON		4b. City, Town, or ROCKVILLI	Location of Death	4c. County of	
Funerai Director		5. Social Sacurity Number 6. Sa 219-29-1741		lest birthday)	If Under 1 Year Months Days		8 Date of Birth (Month Day Y		
NO I		Usual Rasidence of Decadant 10a. Stata 10b. County	10c. Cit	y, Town or Loc	cation				10d. Insida City
diffed.	Director	MARYLAND MONTGOMER	Y ROCK	VILLE					1- Yas
ns 23a or 28a-f show	ai Dire	10e. Straat and Number 6121 MONTROSE ROAD			10f. Zlp Coda 20852			Citizan of WITED S'	
or fter	by Funeral	11. Maritel Status  1 □ Navar Marriad 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Dacedant Evar in U, Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates:	If	Vas Decedant of l Yas, specify Cub □ Yas 2X No	Hispanic Origin? (S ban, Maxican, Puert Spacify:	pecify Yes or No- o Rican, atc.)	Black,	- Amarican Indian, Whita, atc. WHITE
than "	Completed	15. Decedant's Edu (Spacify only highast grad Elementery/Secondary (0-12)	cation (e complatad) Collega (1-4or 5+)	(Give I	ant's Usual Occu kind of work done OO NOT usa ratire	during most of wor	king	b. Kind of Bus	ness/Industry
othe ont,	To Be C	17. Fathar's Nama (First, Middle, Last) AARON ALTSTEIN				18. Mothar's Ner	na (First, Middle, Ma.		)
Depertment of Health end Ments important: If Item 27 is marked any injury or other traumatic evance.		19a. Informant's Name/Ralationship (7) FENIYA SHAULOV/DAU					ral Route Number, C		tata, Zip Coda) 20853
of Heal		20a. Method of Disposition	20b. P	Place of Dispos	ition (Nama of atory or othar pla				ity or Town, Stata
ment: H lury o		1 ⊈Burial 2 □ Cremation 3 □ F 4 □ Donation 5 □ Othar (Specify)			HEL EMME		3/15/97 WA	SHINGT	ON, D.C.
Depent Import any in	-	21 Signature of Funerel Sarvica Licans	ea / / -	$D^{22}$	NZANSKY	GOLDBERG	MEMORIAL	CHAPEL	S, INC.
	-	Frank a	Stml				E, ROCKVIL	-	20852
ysician Medical		23e. Part1. Enter tha disease, or compl shock, or heart fellura. List only or Immediata Cause (Final disease or condition	Myora	diaf	1 .				Approximata Interval Betwo Onset end De
kaminer	niner	rasulting In death)	Dialote	r as a consequ	Janca Dict	too typ	RI		year
g physician end es the buriel-transit	Aedicai Examiner	Sequantially list conditions, if any, laading to immediate causa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in death) Last		r as e consequ				- 3-	1
	an/Me		J						
signed by the attendir Id be deteched for use	Physician/	Pert ii. Other significant conditions con	etributing to death but not rasu	ulting In the un	darlying causa gi	ven in Part I.	23b. Did toba	12	fbute to the cause of
s been 2 shou	Completed by						24e. Was an a performed		24b. Were eutopsy fin available prior to completion of car of death?
is certificate ha director, page	Соп						1 □ Yes	2 No	1 ☐ Yas 2 ☐ N
certificate irector, pag	o Be	25. Was casa refarred to medical examinar?	lospital:	F0/0	Ott	her	th (Check only ona)		
ath. r: After this se funeral d	ation: To	27. Mennar of Death  + Netural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Year)	ER/Outpatient 28b. Tima of Injury	28c. inju	4 by rivursing H	oma 5 Rasidano 28d. Dascribe how		
efter deat Director: d in by the	Certification:	3 Suicide 6 Could not be datarmined	28e. Piece of Injury - At ho building, atc. (Specify	me, farm, stre	at, factory, office		28f. Location (Stree City or Town, S	t and Number Steta)	or Rural Routa Numbe
to me X		29a. Certifiar 12 Certifying Phys	ician: To the best of my knowner: On the basis of axaminati	viadge, daath	occurred at tha ti	ma, data and plece, opinion, daath occur	and dua to tha caus red at tha tima, data	a(s) end menr and piaca, an	er es stetad. d dua to tha causa(s)
Funeral etely filled	음	one)	and manner stated						
within 24 hours efter death.  To the Funeral Director: After this completely filled in by the funeral	Medical		and manner stated.		29c Licans	sa number 2 3 9 5 8	29d.	Dete signed (	Month Day Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 25662

			Certificate of Death Reg. No.											-000		
г	Dhysis	ion	Decedent's Name (First, Middle, Last)									2. Dete of Death Month Day		Year	3. Time of Death	
	Physician /Medical		Edna M. Blust									Augus	st 9, 1	997	10:25 PM	
	Exami		4a. Fecility Name (If not Institution, give street and number)  4b. City,									ocation of Deal	th 4c. Cou	4c. County of Deeth		
			Shady Grove Nursing Home Rockvil									9				
	Funeral				Sex 1□M 2⊠F	7. Age (In )	vrs. last birthday	) If Under 1 Months	Year Days	Hours Hours	Min.	8. Date of Bi (Month, D Jun 1	rth ay, Year)	9. Birth	9. Birthplace (State or Foreign Country) Illinois	
	Director		360-03-5333 Usual Residence of Decedent				89 Yrs.					Jun 1	8, 1908		1111no1S	
	and tand		10e. State		10c.	City, Town or L	Ity, Town or Location					10d. Inside City				
	Mary Mary Med	Funeral Director	Maryland	Rockvi	Rockville					1 ☐ Yes						
	natural, or flems 23a or 28a-f show dical Examiner must be notified at		10e. Street and Nur				10f. Zip Code				10g. Citizen of What C			untry?		
			14800 Rocking Spring Dr					20853					USA			
	dea		11. Marital Status		12. Wes Dec	12. Wes Decedent Ever in U Armed Forces?		J.S. 13. Was Decedent of			f Hispenic Origin? (Specify Yes or I ban, Mexican, Puerto Rican, etc.)		No- 14. Rece - American Black, White, etc			
2	or th		1 Never Married 2 Married			1 Yes 2 No		1 ☐ Yes 2√2 No								
	"natural",	d by	34 Widowed	Year or D	Year or Dates:		X			о орвону.			cny:	White		
21213-0020		Completed	(Spec	Education trade completed)	ducation ade completed)		16e. Decedent's Usual Occupation (Give kind of work done during most of the			t of work	ring	16b. Kind o	16b. Kind of Business/Industry			
4		m J	Elementary/Secondary (0-12)		College (1-4or 5+)			life. DO NOT use retired)								
		ပိ	17. Father's Name	n4)	1		Private Duty			y Nurse 18. Mother's Name (First,		Nursing		g		
	d d d	Be		51)												
	should be filed within and Mental Hygiene. I marked other than umatic event, the M	To	Frank Krause				405 44-3						ie Schneider			
	2 9 9 9		19a. Informant's Name/Relationship (Type, Print)  Carol Gleich/Daughter					19b. Mailing Address (Street and Number or Run					Dr.Rockville, MD 20853			
)	ges 1 and it of Health if item 27 or other tr		20a. Method of Disp	adgireer	20	b. Place of Disp	Place of Disposition (Name of			LIIG .		Dete 20c. Location - City				
			1 Burial 2	Cremation 3		State	cemetery, crematory or other place)				P37		Kewanee, Illino			
	pemit. Pa Departmer Important: any Injury pnce.		4 Donation	**			leasant View Cemetery							TITINOTS		
	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Licensee  22. Name and Address of Facility  Hines-Rinaldi Funeral													
	_		00	and	Low	all								Spri	ng, MD 2090	
			23a. Part1. Enter the shock, or hear	ne disear , or so rt failure List	y one cause on e	caused the deach line.	eeth. Do not er	iter the mode	of dylr	ng, such es	cardiac	or respiretory a	irrest,	j	Approximete interval Between Onset and Death	
F	Physician /Medical	П	Immediate Course (Final									1	Onset and Death			
ı	Examiner	П	Immediate Cause (Final disease or condition resulting in death)  a. (erol w vascular is cheque Monthly									Monthy				
		- a				Due t	o (or as a conse	equence of):								
	nsit	듵			b	at	newsc	legs.	١					- 1	years	
	icata be axecuted physician and s the burial-transit	Examiner	Sequentially list cor if any, leading to im cause. Enter Unde Cause (Disease or	quenca of):						i						
	sicial buri				C	Division	to the second second									
	certificata be axecuted ding physician and ise as the burial-transit	/Medical	resulting In death) Last  Due to (or es a consequence of):													
	that the death ed by the atten datached for u	Physician	Part il Other signifi	reculting in the	ulting In the underlying cause given in Part I.					23b. Did tobacco use contributs to the cause						
	t the d by the tached	hys	0	resulting in the t												
	law requires that the as been signed by th 2 should be datache	by P	l'orhixsurs disea				are	ale			1 1 1 1 1 2 2 1 1 0 3 1 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1			obably 4 Unknow		
, , , , , , , ,	v require been sig should b		1	1	1.				24a. Was	an autopsy	24b. V	Vere eutopsy findings valleble prior to				
	s been s should	plet	15 chemic heart d					Great					ormed?	0	completion of cause of death?	
	The law ate has page 2	Completed	a cointra									10	Yes 200 No		☐ Yes 2☐ No	
	certificate	BeC	25. Was case refer	mente	76 Pleas of Death											
	Physician: The I this certificate har ral director, page	To B	examiner?							on b	of Death (Check only one)  rsing Home 5 ☐ Realdenca 6 ☐ Other (Specify)					
	ar this eral di		27. Manner of Death 28a. Date of Injury 28b. Time of 28c. Injury et								28d. Describe			ny)		
	ath. r: Aftar e funer	atio	1 Natural 2 Accident	5 Pending investigation	injury	Injury Work?  M 1 Yes 2 No										
	or Attending after death. Director: After I in by the fune	Iffic	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d 286. Place	of Injury - A	t home, farm, st	reet, factory, o	office			28f. Location	Street and Nu	mber or Ru	ral Route Number,	
	s after	Certification:	4 ☐ Homicide building, etc. (Specify)								City or Town, State)					
	hour uneri		29a. Certifier (Check only  (Ch													
	To the Hospital or Attending Phywithin 24 hours attended the Within 24 hours attended to Completely filled in by the funeral completely filled in by the funeral	ledical	one)		and man	ner stated.	mation and/or ir	ivestigetion, in	myo	pinion, 068	uri occurr	ed et tije tilije,	date and plat	a, end due	to the ceuse(s)	
		Σ	29b. Signature and	title of certifier		0	1 -	29c. L	.lcens	e number			29d. Date sig	ned (Month	, Day, Year)	
1	33		ble & Muleut WD D19294 August 11 1997										1.1997			
			30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)													
				ShN R	- mei	nich	9/	1 14	411	111	1/2	1 60	7. Hurs	uy	Ind 2011	
	Sta		31. Date fled (Mont	th. Day Year	32. R	legispar's Si	gnature	2 •								
	Registi	rar		TOU TO	וטטוי	and !	amagain-	alite								

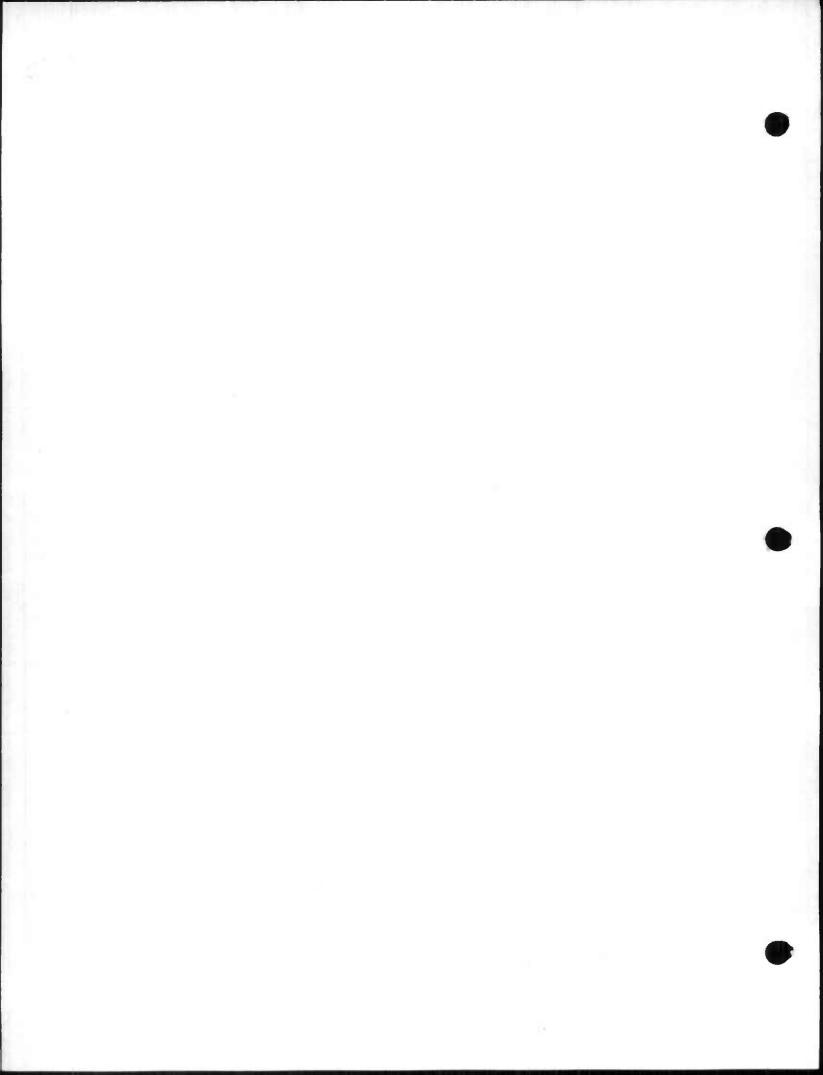
26----

BALTIMORE, MARYLAND 21215-0020

2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	MENT OF I	EALTH AND	MENTA	L HYGIE!			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	Hazel Marie Bene	edict				Aug	ust 10	199	YEAR 7	6:30 am w
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
	210 40 04/4	□ M 2 \ F	80 YRS.	MONTHS DAYS	HOURS MIN.		16,	1917	PA	"
OC.	9a. FACILITY NAME (If not institution, give stree				OR LOCATION OF			9c. COUN	TY OF D	EATH
5	Carroll County Gen	eral Hospita	11	West	minster			Carr	col1	
REC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	ION					10d. INSIDE CITY
0	Maryland Carro	11	Wes	stminste	r					LIMITS?
BY FUNERAL DIRECTOR	100. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
NEF	408 Oak Hill Ct.				21157			U.	S.A.	
F	11. MARITAL STATUS  1 Never Married 2 X Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPA	ANIC ORIGIN	i? (Specify Ye Rican, atc.)	s or No—	14. RACE Black	- American Indian, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 🗌 YES	2 A NO Spec	effy:			Specif	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION	18s. DECEDENT'S C	SUAL OCCUPATION	ON .	166	. KIND OF BU	SINESS/INDU	_	
LET		College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working					
MP	11		Clerk			De	partm	ent St	ore	
	17. FATHER'S NAME (First, Middle, Last)	. 1			18. MOTHER'S N			Sumame)		
B	George Leo Gooders  19a. INFORMANT'S NAME (Type/Print)	nutn			Tressi					
5	Albert M. Benedict	/hughand			nd Number or Rural					(D. 04455
			PLACE AND DATE OF							MD 21157
	20s. METNOO OF DISPOSITION  1	from State	tery, cremetery or eth	er place) 'emation	Tnc.		1 Ham			
	21. SIGNATURE OF FUNERAL SERVICE MICEN		1 011 01	22. NAME AF	ID AGORESS OF F	ACILITY			, 111	
	1 July 1	) CH	1		ler Fund					
	23. PART I. Enter the diseases, or com	applications that caused	the death. Do no	New w	indsor,	MD Z	1//6	Instant and	-1	1 1
	shock, or heart failure. Lis iMMEDIATE CAUSE (Final	t only Dne cause Dn ead	ch line.	t cinci uie iiio	ac or aying, sa	Cii da Cait	nac or resp	matory arre	mt,	Approximete interval Between
	disease or condition	STR	OKE							TW U WEEK
- 1	reaulting in death) a	DUE TO (OR AS A C	CONSEQUENCE OF)	:						1 20 1000
Z	Sequentially list conditions, b									
E	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF)							
CERTIFICATION	CAUSE (Disease or Injury C	DUE TO (OR AS A C	ONSEQUENCE OF							
E	that initiated eventa resulting in deeth) LAST	DOE TO (OH AS A C	ONSEQUENCE OF)							
	d									
AL	PART II. Other significant conditions of	ontributing to death but	t not resulting in	the underlying	cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ŏ	TIPER	161710	14				1 TYES 2	XNO		COMPLETION OF CAUSE OF DEATH?
ME								,		1 - YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									
Sici	EVANMENT	OSPITAL:		OTHER:	ACE OF OEATN (C					
H	27. MANNER OF DEATN	Unpatient 2 ☐ ER/Output 28s. DATE OF INJURY	28b. TIME		5 Residence		(Specify)	N HIBY OCCU	IDED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO		200. 02.0	CRIBE NOW	NOON1 OCCO	HED	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, atr			28f. LOC	ATION (Street	and Number of	r Rural Ac	oute Number,
	4 Nomicide determined	building, etc. (Specify	"			City	or Town, State)			
COMPLETED	29a. CERTIFIER Check only	N: To the best of my knowled	dge, death occurred	at the time, date	and place, and du	a to the cau	se(a) and ma	mer as stated		
ŏ.	one) 2 MEDICAL EXAMINER: C	On the beals of examination a	and/or investigation,	in my opinion, de	eath occured at the	e time, data	and place, an	d due to the	cause(a)	and menner as stated.
	296. SIGNATURE AND TITLE OF CENTY ER	.A./	11		29c. LICENSE NU					Month, Day, Year)
3 BE	- Joseph	, , , , , , ,	10		D480	206		PAU	GU	St 10th, 1997
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF OEAT	N (ITEM 27) (Type, F	Print)	1111	14	1001		J.	1.1. 2
	Kofi Owusu-BO		200 n	NEMO.	rial Ava	'N	)estn	rinst	er, 1	ND 21157
	AUG 1 3 1997	32 AEGISTRAR'S SIGNAT	Rarball							



State of Maryland / Department of Health and Mental Hygiene 97 25664

						C	ertifica	ate of	Death		Reg. I	No.	1 4	3004
Phys	siciar	1. Decedent's Neme	(First, Middle, La	est)						2. Dete of Month		Day	Yeer	3. Time of Deeth
	edica	Bohda	ın Justir			.М.				Augu	st l		97	1457
Exa	mine				,					or Location of D	eath	4c. County		
			County				. Man	44.24	Westmi			Ca	rroll	
Funer Direct		5. Social Security N 092-26-98 Usuel Residence of	391	Sex 1⊠M 2□F	7. Age (In yrs.		Month	dar 1 Yaar s Deys		Hrs. 8. Dete of (Month, Jan.	Dev. Ye	915	9. Birthpled Country Ukra	e (Stete or Foreig
anyland show		10e. Stete	10b. County		10c. C	ity, Town or	Location						10d.	. Inside City Limits
N 9 N		Maryland	Carrol1	L		Westmi			_					1 ☐ Yes 2 ☑ No
vith ti	2	10e. Street end Nun					10f. 7	Zip Code					Whet Country	
ath v		403 Casse	ll Close	_				211				-	States	
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hyglene. Important: if then 27 is marked other than 'natural', or thems 23e or 23e-7 show any Injury or other traumatic event, in Medial Exercises must be notified.		3 ☐ Widowed		12. Was Deceder Armad Format F	cas? 2 🔯 No a	J,S. 13		cedent of becify Cub		? (Specify Yas or uarto Rican, etc.)	No-	Blac	a - American ck, White, etc White	
5-0 72 h 72 h		(Space	15. Decedent's E	ducetion ade completed)		16e. Dec	edent's U	suel Occu	pation	working			ısiness/indus	
21215-0020 d within 72 hours at giene. br than "natural", or the Medical Exert		Elementary/Secon		College (1-	4or 5+)		rina		during most of ad)	WOINING				ice and culture
off Hy	6	17. Father's Name (	First, Middle, Last	)					18. Mother's	Neme (First, Mid	dle, Meld	en Sumem	ne)	
/lar	F	Justin	Burbelo	)					Jι	ılia Koc	hale	wych		
Maryland d 2 should be file lth end Mental Hy 7 Is marked oth traumatic event	1	19e. Informent's Ne	me/Reletionship (	Type, Print)		19b. Me	iling Addre	ss (Stree	t end Number o	r Rural Route Nu	mber, Cit	y or Town,	Stete, Zip Co	ode)
and and alth		Dr. Grego	ry Burbe	<b>2</b> 10	Son	403	Cas	sell	Close	Westmin	ster	, MD	2115	8
or Hear	9	20e. Mathod of Disp	osition Cremetion 3 [	Demouslifer C	1	Pleca of Disposemetery, cr	position (A	leme of r other ple	ece)	Date	20c.	Location -	City or Town	, Stata
Pag Pag ury o			5 Othar (Special			adow	Branc	h Ce	metery	Aug. 14	We	stmin	ster,	Maryland
Baltimore, pemit. Pages 1 ar Department of Heal Important: if then 2 any injury or other	ouce.	21. Signature of Fur	erei Service Lice	nsee C	0111 /	E	urri	er-Qu		neral Di	rect	ors,	P.A.	
		23a, Parti. Enter the	new O	plications that	Cook the dee					ty Road		nfiel		21784 pproximeta
/Medic Examin	er	Immediate Ceuse (I disease or condition resulting in deeth)		b		or es a cons			cst					
rificate be executed ng physician and as the burial-transit	odinal Evaminar	Sequentielly list con if eny, leading to lm ceuse. Enter Under Ceuse (Disease or I	ditions, mediete lying njury	C	Due to (	or es e cons	equence o	f):						
x 68760, ertificate be exiling physician e as the buria	- 5	:		d	Due to (d	or es e conse	equenca o	f):						
BOX path ce attendir for use	Physician			J										
O s spec	ye.	Pert II. Other algniff	cant conditions	contributing to dea	th but not res	sulting In tha	underlying	j ceusa gi	van in Part I.	23b. C	ld tobac	co usa cor	ntribute to th	e cause of death
is, P.O. Box es that the death ce igned by the attendii be deteched for use	40 74		Hhler	oscles	ape	Card	icuss	cul	- disc	1 1 L	☐ Yes	2□ No	3 Probat	oly 4⊡Unknow
cord requir been s should	pater										es an au erformed		evalle	eutopsy findings bla prior to letion of causa eth?
The The page	Š									1	☐ Yas	2.1 No	1 🗆 Y	'es 2□ No
/ITB	B	25. Wes case referre	ed to medical							Deeth (Check on	ly one)			
OT VITAL HE Physician: The lav rthis certificate has ral director, page 2	F		10			ER/Outpati		JUA		ng Homa 5□R				
DIVISION Of VITAL or Attanding Physician: 7 siter death. Director: After this certifical in by the funeral director, p	at long	6 2 Accident							ryet ⊮rk? ]Yes 2 □ No	28d. Descri	be how In	jury occum	ed	
DIVISION  To the Hospital or Attanding F within 24 hours effer death.  To the Funeral Director: After completely filled in by the funer	Certific	3 ☐ Suicide 4 ☐ Homlcide	6 Could not b	28e. Place of building	of Injury - At h	ome, farm, s fy)	treet, fect	ory, office		28f. Locatio City or	n (Street Town, St	e <i>nd N</i> umb ete)	er or Rural R	loute Number,
To the Hospital of within 24 hours e To the Funeral D completely filled in	dicai	29a. Certifier (Check only one)  29a. Certifying Physician: To the best of my knowledge, deeth occurred et the time, de 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion and menner stated.								end plece, end due to the ceuse(s) end menner as steted. leeth occurred at the time, dete end plece, end due to the ceuse(s)				
Withir To th	Z							9c. Licen	se number		29d. [	Data signed	(Month, Day	y, Year)
		1 //////////							25041	O MD	3	/13/	97	
		30. Neme and eddre	ss of person who	completed cause	of deeth (Iter	n 23e) (Type	e, Print)							
		6 11	Lichae	Ken	- 14	200	Memo	rial	Ave.,	Westmins	ter,	MD 2	21157	
	State	31. Dete filed (Mond	Dey, Year)		gistrer's Sign	eture								

# **Physician** /Medical **Examiner**

1. Decedent's Name (First, Middla, Last)

death with the Maryland d other than "naturel", or items 23a or 28a-f show event, the Medical Examiner must be notified at is marked other than should be and Mental traumatic permit. Peges 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum once.

EARINGER

**Physician** /Medical **Examiner** 

The law requires that the death certificate be executed burial-transi Box 68760, use as the for P.O. ed by the a signed b Records, page 2 of Vital Physician: this After Division or Attending within 24 hours after death. To the Funerel Director: A the f filled in by Hospital

Warren R. Bearinger AUGUST 1997 0755 03 4a. Facility Name (If not institution, give street and number)
Memorial Hospital 4b. City, Town, or Location of Daath 4c. County of Death ALLEGANY CUMBERLAND, MD 7. Age (In yrs. last birthday) If Undar 1 Yaar 5. Social Security Number 6. Sex 1 □ M 2 □ F If Under 24 Hrs. 8. Date of Birth Avent, D24 Year 1927 **Funerai** Months Days Hours 219-14-6382 Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Cumberland MD Allegany 1 Yas 2 No Director 10e. Street and Number 1005 Virginia Avenue 10f. Zip Code 10g. Citizen of What Country? 21502 USA Funeral 12. Was Decedent Evar in U,S. Anged Forces? 1 ☐ Yes 2 ☐ No If Yes, Give WW II Year or Dates: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ Yas 2 ☐ No Specify: 11 Marital Status 14. Baca - American Indian Black, White, etc. 1 ☐ Never Married 2 ☐ Married py white 3 Widowed 4 Divorced Be Completed 16a. Decadent's Usual Occupation
(Giva kind of work dona during most of working
life. DQ NOT use ratired)
Retired Clerk 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementa 2 econdary (0-12) College (1-4or 5+) Chessie System Railroad 17. Father's Name (First, Middle, Last)
Joseph Bearinger 18. Mother's Name (First, Middla, Maidan Sumama)

Myrtle (Durbin) P 19a. Informant's Name/Relationship (Type, Print) Ella Bearinger-wife 19b. Mailing Address (Street and Numbar or Rural Route Numbar, City or Town, Stata, Zip 1005 Virginia Avenue Cumberland MD 21502 20b. Place of Disposition (Nama of 20e. Method of Disposition Data 20c. Location - City or Town, State Hillcrest Memorial Park 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 08/06 Cumberland MD 4 ☐ Donation 5 ☐ Other (Specify) of Fugeral Se ice Licensee 22. Scarbellio Funeral Home Cumberland MD 21502 ions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, 23a. Part1. Enter the disease, or complications that shock, or heart failure. List only one cause on Approximate Interval Between Onset and Death fmmediate Cause (Finel disease or condition resulting in death) 3 minutes Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4, ■ Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case refarred to medical exeminer? Be 26. Piece of Deeth (Chack only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) မှ 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 30 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Yaar) 28b. Tima of injury 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 1. Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homlcide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the ceuse(s) end menner es steled.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the ceuse(s) and manner stated. Medical completely (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 28910 Levue col 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) CUMBERLAND, MD. DR. CURTIS MERRICK MEM. HOSP. MEDICAL BLDG. 31. Date filed (Month, Day, Yaar) 32. Ragistrar's Signature State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Date of Death

25665

3. Time of Death

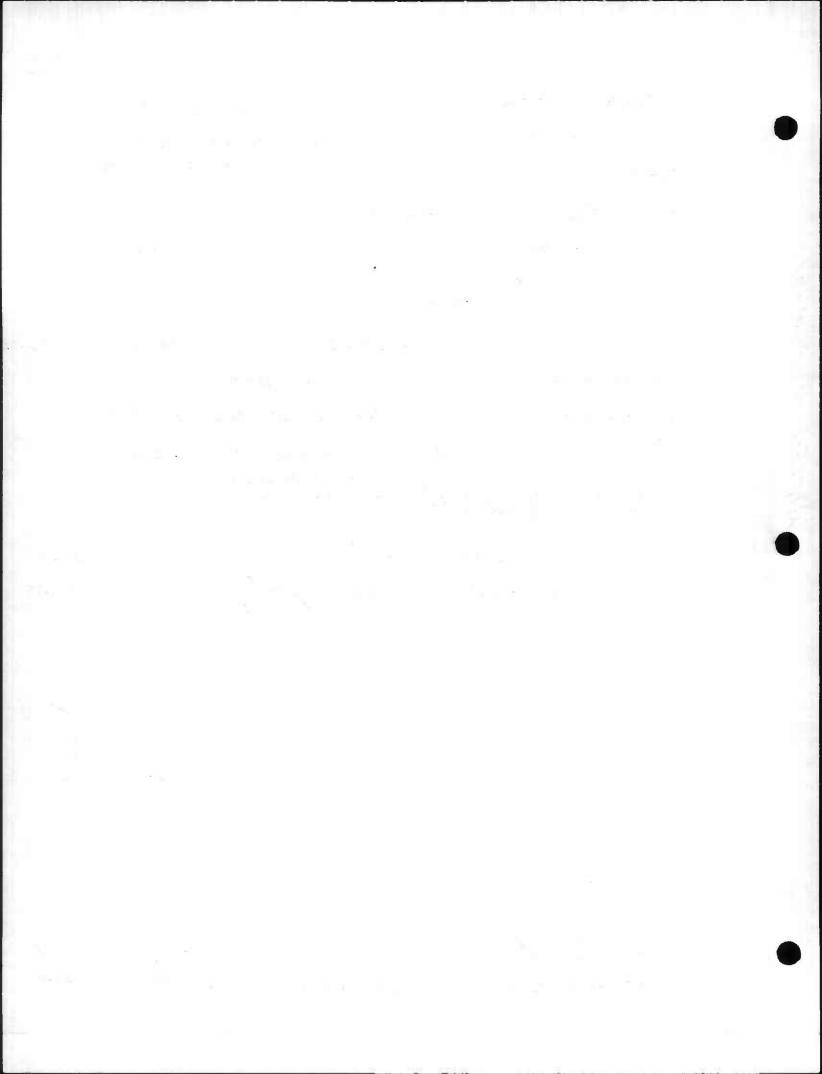
**DHMH 16 Rev 6/95** 

Registrar

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To the



State of Maryland / Department of Health and Mental Hygiene

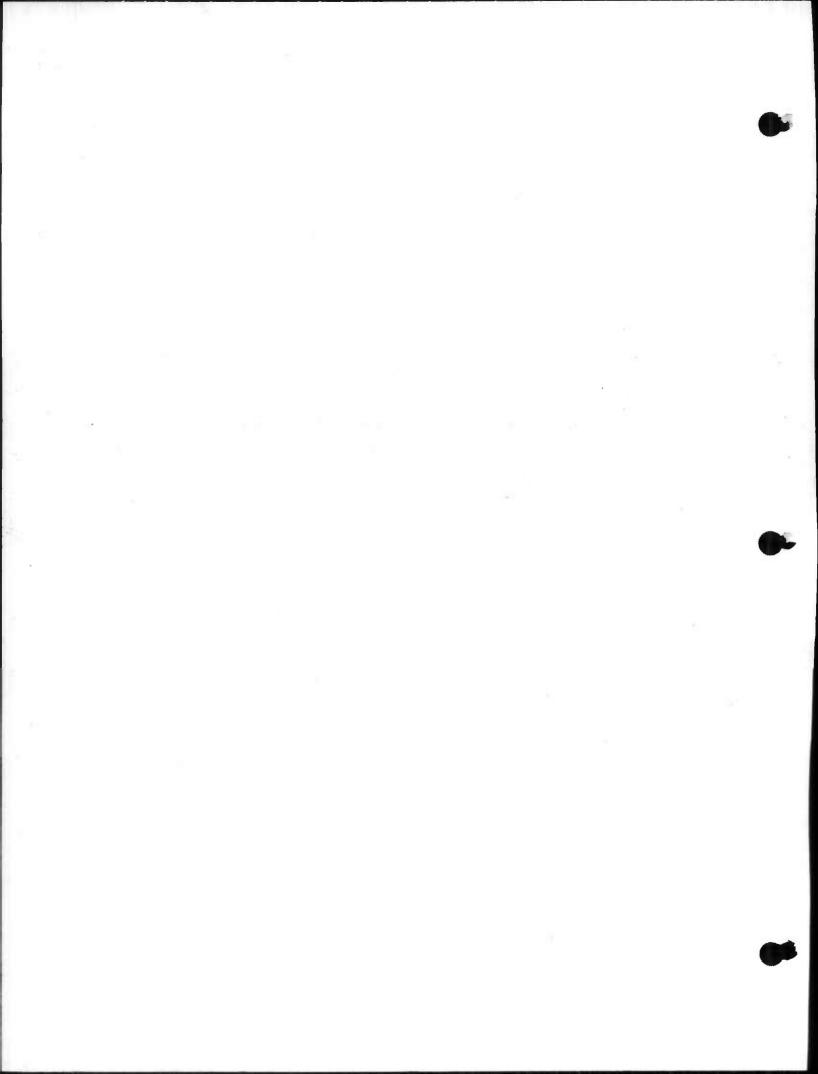
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						Cert	ificate of	Death	7		Reg. No.	21	4	0000	
П	Dharata		1. Decedent's Neme (First, Middle, La	st)						2. Dete of De	eth	Veer	3. Tir	ne of Deeth	
	Physic /Medi		GORDON LEI	E BOWIE					A	UGUST			1.7	2:05an	
3	Exami		4e. Fecility Neme (If not institution, give	re street and number)				4b. City, To	own, or Loc	ation of Deet	h 4c. Cou	nty of Death	1		
			706 WASHING						BERLA			EGAN	Y		
П	Funeral		5. Social Security Number 6. S 214-05-6520	Sex 7. Age (i I ☑ M 2 ☐ F	In yrs. last bir		If Under 1 Yeer Months Deys		r 24 Hrs. Min.	8. Dete of Bir (Month, De	y, Year)	9. Birth	npiece (Si untry)	tate or Foreign	
	Director		Usuel Residence of Decedent	X	93	113.			N	0 V . 7	7, 190	) 3 MA	RYL	AND	
	fand we		10e. Stete 10b. County	11	0c. City, Tow	n or Loca	ation						10d. fnsl	de City Limits	
	Mary	to	MARYLAND ALLE	GANY	CUMBEI	RLAN	V D						1 🔯	Yes 2□No	
	r 28s	Director	10e. Street end Number				10f. Zlp Code				10g. Citizen	of Whet Cor	untry?		
	h with		706 WASHINGTO	N STREET			215	02			US	A			
	daa	Funeral	11. Maritel Stetus	12. Wes Decedent Eve Armed Forces?	er in U,S.	13. W	es Decedent of Yes, specify Cut	Hispenic Or	rigin? (Spec	ify Yes or No				en,	
215-0020	should be filed within 72 hours sitar death with the Maryland nd Mental Hygiene. marked other than "natural", or items 23s or 28s-f show imatic event, the Medical Examinat must be retired at	by	1 ☐ Never Me <i>rri</i> ed 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:			Yes 2√ No			noan, etc.)					
S O	72 ho	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a.	(Give ki	nt's Usuei Occu nd of work done	during mos	st of workin	a	16b. Kind o	f Business/I	ndustry		
12	within 72 ene. than "nal	np!	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO	NOT use retin	ed)							
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aryland	Mental Harked other	Be	17. Fether's Neme (First, Middle, Last)  ROBERT E.									ieme)			
2	should and Men amarke	10	19e. Informent's Neme/Rejetionship		405	A 4 - 11'	A dd (01								
<u>8</u>	alth and 27 is m		The state of the s												
ē,	-455		20e. Method of Disposition	DREI, DROGI	20b. Piece of	Disposi	tion (Neme or		S. WE	Dete	20c. Location	on - City or	Town, Ste	ite	
more,	Pages nent of nt: If its iry or o		1 ☐ Burial 2 🖾 Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif				tory or other pla		7 10 /	7/07		-			
Ba	permit. Page: Department of Important: If it any Injury or once.		21. Signature of Funeral Strotos Licer		SILB	_	H CREM			7/97	UNIUI	TOWN	, 12	A	
ä	Pag in a		John	Hotes	N.					THE I	HILLS	MORT	UAR	Ý	
m			23a. Part Erger the disease, ondom	plications that caused the	e death. Do r	not enter	the mode of dv	TIONA	L HW	Y LA	ALE, N	1D 21		rimate	
	Physician		23a. Part Erter the disease, o com shock, or heart failure. List only	one cause on elach line.	V					,	,		Interva	i Between	
j	/Medical		Immediate Ceuse (Finel disease or condition	1-1		1 1	Mi						14	1080	
	Examiner		resulting in deeth)	. Cordi	e to topas a	conseque	ance of					1	( yet)		
	D &	ner		CAD	1		U						3	JEBIC	
	lew requires that the death certificeta be assocuted as been signed by the attending physician and a 2 should be datached for use as the bunal-transit	Examiner	Sequentially list conditions,	b. Du	e to (or es e	conseque	ence of):						0		
g g	sian a	0	if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	0											
68760,	ceta t	edical	thet initieted events resulting in deeth) Lest	Due	e to (or es e o	onseque	ence of):								
×	ding ph	Σ		d											
Bo	eath cer attendin for usa	Physician/										į			
o	ras that the deligned by the a	lys	Part II. Other significant conditions o	ontributing to death but n	ot resulting Ir	the und	lerlying cause g	iven in Pert	1,		Dey 7, 1997 12:05am    Accounty of Death   A L L E G A N Y     Birth   A L L E G A N Y     Birth   Sey, Year)   9. Birthplece (State or Foreign Country)     T, 1903   MARYLAND     10d. Inside City Limits   1 Ness 2 No     10g. Citizen of Whet Country?   USA     10g. Citizen of Whet Country?   USA     10g. Citizen of Whet Country?     USA   14. Rece - American Indien, Bleck, White, etc.     Specify: WHITE     16b. Kind of Business/Industry   PAPER     16dle, Meiden Sumeme)     WILSON     Miles ON   10 7 0 9 0     20c. Location - City or Town, State     TUNIONTOWN				
<u>a</u>	that ned b	by Pt	Vibrates	Type 1						10	Yes 2LHN	0 3∐Pr	obably	4 Unknow	
g	ruiras n sign		4 A	1						24a. Wes	an autopsy	24b. V	Vera auto	psy findings	
ပ္ပ	w require s been significant	Set	Cypachypeet	elm.						peri	ormed?	C	completion		
2	The law ste has page 2	Completed	//							10	Yes 2 No	-		257No	
Vital Records,	iffical tor, p	Bec	25. Wes case referred to medical					26. Plec	a of Death	(Check only				90,110	
	Physicism: Tha lar r this cartificate has aral director, page 2	To E	axaminer?	Hospitel:	2 ER/Ou	tpatient	3□ DOA	her				Other (Spec	city)		
Division of	ng Ph tar th neral		27. Menner of Death 1 Netural 5 □ Pending	28a. Dete of Injury (Month, Day Ye		ime of	28c. Inju	iry et	2	8d. Describe	how injury oc	curred			
<u>S</u>	or Attending P after death. Director: After t d in by the funer	Certification:	2 ☐ Accident investigation		22.			Yes 2□	No No						
Ë	frect frect n by	Ē	3 Sulcide 6 Could not be determined	28e. Pleca of Injury building, etc. (\$	<ul> <li>At home, fe Specify)</li> </ul>	rm, stree	t, fectory, office	ii.	2			mber or Ru	rel Route	Number,	
	ral Delli														
	Hosp 24 ho Fund Fund tiely 1	edical	29e. Certifier Check only one) Certifying Ph	niner: On the basis of ex	amination and	, deeth o d/or inve	sccurred at the t stigation, in my	ime, dete er oplnion, des	nd place, ar eth occurre	nd due to the d at the time,	date and plea	manner as e, and due	to the car	use(s)	
	To the Hospital or Attendit within 24 hours after death.  To the Funeral Director: A complately filled in by tha fu	Med	29b. Signeture end title of certifian	end menner steted				se number							
	F ¥ F 8		LL W					289	1.0						
	25		30 Name and address of account	completed cours of day	h (Itam 02-)	Tues					curque	st/	177	//	
>	000		DR. H.C. MERR				AVE.,	CUME	BERLA	ND,	1D /21	502			
	Sta	te	31. Dete filed (Month, Day, Year)	32 Registrar's							V				
	Registr		AUG1 1 19	197 Samuella	median R	wood									

1		FOR STATE REGISTR	A
	1. D	ECEDENT'S	N

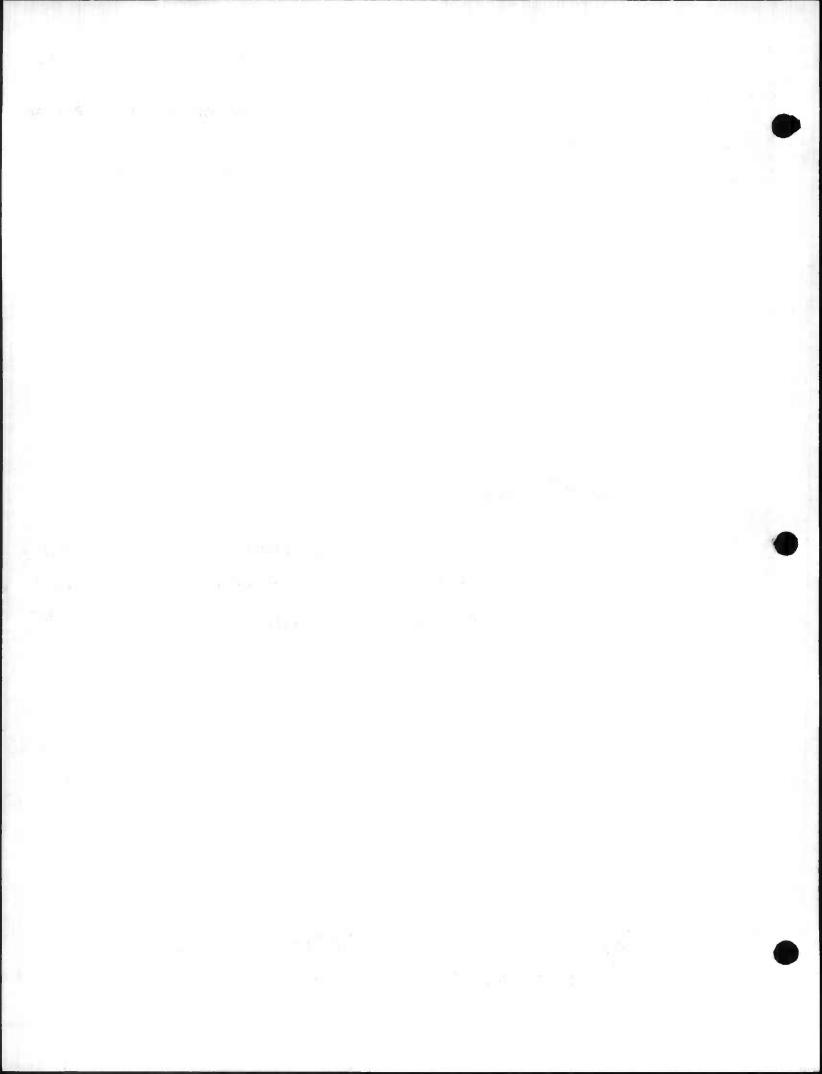
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

All and a second					ICATE O		REG.	NO.							
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	N	3.7	TIME OF DEATH					
		JOSEPHINE V.	BOWERS				MONTH 7		YEAR 7	0:55	~~				
		4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	T		Aug 1				рм				
19		220-30-8100	1 M 2 X F	68 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Yea Oct 27	n	Country)	CE (State or Forei	ign				
3 should		Se. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOW	N OR LOCATION OF D			Y OF DEATH						
23.	DIRECTOR	WESTERN MARYLA	ND CENTER		HAGE	RSTOWN									
\$ T	E	10a. STATE 10b. COUNT	TY	18c. CI	TY, TOWN OR LO	CATION			Land	MAIDE AITH					
Se .	<u> </u>	MD A1	legany							LIMITS?					
mit.		10s. STREET AND NUMBER	regarry		umberla				2.3		0				
020 physician. burial-transit permit. Pages 1, 2,	FUNERAL	229 Baltimore	Avenue			21502				COUNTRY?					
lician al-tra	5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS 0		NIC ORIGIN? (Specifi	Ven or No 1	A BACE - A	mariaen Indian					
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-tran at once.		1 Never Married 2 Married	FORCES? 1 YES	S 2 K NO	If yes,	specify Cuban, Mexico	an, Puarto Rican, etc.	)	Black, Wh	ita, etc.	,				
9 2 3	BY	3 Widowed 4 N Divorced	IF TES, OIVE WAN ON	DATES	יטי	ES 2 X NO Specif	y:			ما در					
15 as	0	15. DECEDENT'S ED	JCATION	16a. DECEDENT'S	LISUAL OCCUP	TION	Tash Kuma on	2112111722		nite_					
.AND 21215-0 the hospital or attending detached for use as the once.	COMPLETED	(Specify only highest grad	e completed)	(Give kind of life. Do NOT u	work done during	PATION g most of working  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Ellen Mae (Connor)									
d for	2	Elementary/Secondary (0-12)	College (1-4 or 5+)				WASHINGTON    10d. INSIDE CITY LIMITS?   11/2   YES 2   NO     10g. CITIZEN OF WHAT COUNTRY? USA     SPANIC ORIGIN? (Specify Yea or No—   14. RACE — American Indian, Black, White, etc.)     Specify: White   18b. KIND OF BUSINESS/INDUSTRY     Own Home								
N sep se	2	12		Homer	naker		Own								
AN the hos detach	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Ma								
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	Joseph P. Pu	ıffinberger			E11e	en Mae (C	onnor)							
MAR retained 5 should notified		19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street				ode)						
	6	Steven P Bowe	recon												
Dage be		Steven R. Bowersson 905 Brentwood Street: Cumberland. MD 2													
10RE e 6 may rector, pag		20a, METHOD OF DISPOSITION 1 N Burlei 2 Cremetton 3 Removel from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)													
Page 6			Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Restlawn Mem Gardens  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State												
BALTIMORE, or death. Page 6 may be the funeral director, page ral.		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1		AND ADDRESS OF FA									
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State of Maryland / Department of Health and Mental Hygiene 97 25668

							Cer	tificat	te of	Death			Reg. No.	1		
Dhuoleis		Decedent's Name (First)	Middla, Li	est)								2. Data of De Month	ath Day	Year	3. Tim	e of Death
Physicia Medic/		Betty J. Barry										AUGUST		1997	8	20 AM
Examin		4a. Facility Name (If not in:	stitution, gi	ve street and n	umber)					4b. City, To	wn, or Lo	cation of Deat		County of Death		ZU ALI
		Sacred Heart Ho	spital						(	Cumbe	rland			Allegany		
unerai		5. Social Sacurity Number		Sax		(In yrs. lest bir		If Unde Months	r 1 Yaar Days		24 Hrs. Min.	8. Data of Bir (Month, Da 10-Mor-)	th Year)	9. Birth	place (Ste	te or Foreign
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"natural", or items 23a or 28a-f show sulcal Examiner must be notified at	5		llegan	V	- 1	Frostburg		Jation								ecity Limit
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	TOB	George Taylor								Ma	ude J	enkins				
traumatic		19a. Informant's Name/Ra	ationship	(Type, Print)		19b	. Mailin	g Address	s (Stree	t end Numbe	er or Run	al Route Numb	er, City or	Town, Stete, Z.	ip Code)	
		Paul E. Barry		Husban	d	74 W	est M	ain Stre	eet		Frost	ourg	Mary	/land	21532	_
		20a. Method of Disposition				20b. Placa of	Dispos	sition (Ne	me of	ice)		Date	20c. Lo	cation - City or T	own, State	9
5		ty□ Burial 2 □ Crem 4 □ Donation 5 □ Ot			State	Frostburg					14-Au	g-97 Fre	stburg	g, Maryla	nd	
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any ir		John	1	Kuri	1		Du	rst Fun	eral	Home,	57 Fro	st Ave., I	rostb	urg, MD 2	1532	
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State gistra	5	AUG1 4 19	Q7	Sala Asi	registrar	Signature										
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25669 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Month 9:45 AM James Farth Barden 08 /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Greenbelt Nursing Home Greenbelt Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Days Hours 1€M 2□ F 72 239-32-8506 Yrs Director North Carolina Usual Residence of Decedent the Maryland 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Modical Examinat must be notified at Director Maryland Prince George's 1⊠ Yes 2□No Hillcrest Heights 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3404 Curtis Drive #102 20746 USA death Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or ther any injury or other traumatic event, its Medical Examination. 1 Never Married 2 Merried 1 ☐ Yes 2010 If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 0 Construction Worker Private 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Preston Barden Carretta Boone 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mable Barden/Wife 3404 Curtis Drive #102, Hillcrest Heights, MD 20746 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 DeBuriel 2 Cremetion 3 Removel from State 8/16/97 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park Landover, Maryland 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility J. B. Jenkins Funeral Home Nanc 7474 Landover Road, Landover, MD 20785 23e. Pert1. Enter the disbese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** /Medical Immediate Cause (Final ENCEPHALOPATHY diseese or condition resulting in deeth) Examiner Examiner that the death certificate be executed bunial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last and Due to (or es e consequence of) P.O. Box 68760, attending physician Physician/Medical the Due to (or es e consequence of): 88 Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown signed to be det Records, þ 24b. Were eutopsy findings avelieble prior to completion of cause of deeth? 24e. Wes en eutopsy Completed peeu has page 2 1 Tyes 1 ☐ Yes 2 ☐ No certificate Division of Vital the Hospital or Attending Physician: "
thin 24 hours after death.

To the Funeral Director: After this certifica director 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 70 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred Medical Certification: 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident Director: A 3 ☐ Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. pletely cal Examiner: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and the of certified 29c. License number 29d. Date signed (Month, Dey, Year)

ho completed cause of deeth (item 23e) (Type, Print)

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BELLREST

ELMAN

32. Registrer's Sign

Russ, Hy ATTSURCK, MD 20782

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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eral ctor		5. Social Security Number  577-52-9594  Usuel Rasidanca of Dacadant	3. Sax 12 M 2 □ F	Age (In yrs.	last birthday) Yrs.	If Under Months	Days	If Under 24 Hours	Min.	B. Date of Bir (Month, Da	th ly, Year) 9, 1937	9. Birthpl Count Washin	ace (Stata or Foreign try) gton, D. C.		
14	1	10a. Stata 10b. County		10c. Cit	ty, Town or Lo	ocation						10	Od. Inside City Limits		
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by Funeral		<ul> <li>11. Marital Status</li> <li>1 ☐ Nevar Married 2 ☐ Marrie</li> <li>3 ☐ Widowad 4XX Divorced</li> </ul>	12. Was Deceder Armed Forcas  1  Yes 2  If Yas, Giva Yeer or Datas	s? ₹No		Was Decede If Yas, speci 1 ☐ Yas 2		ispanic Origi in, Maxicen, Specify:	n? (Speci Puarto Ri	ify Yes or No ican, atc.)		ck, Whita, e	etc.		
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State Registrar

AUG 13 1997

MARIO F. GOLLE 31. Data filed (Month, Day, Yaar)

grause of death (Item 23a) (Type, Print)

MD 3001 HOSPITAL PRIVE, CHEVERLY MARYLAMD 20785

32. Registra's Signatura

Mullan Randall

State of Maryland / Department of Health and Mental Hygiene 97 25671

							Ce	rtificate	e of	Death			Reg. No.	21	20011	
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	Funeral		5. Social Security Number		Sex		s. last birthday)			If Under		8. Date of Bil (Month, De			place (Stete or Foreign	
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-	40 = 0		21. Signeture of Educate Service Licensee 22. Name end Address of Fecility Robert G. Mason Fur 1661 Good Hope Rd. SE Washington												DC 20020	
			23e. Part LEnter the disease shock, or heart feilure	ese, or con	nplicetions that	caused the de	eth. Do not en	er the mode	e of dyir	ng, such es	cardiac	or respiretory e	rrest,		Approximete intervel Between	
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Angelt Language Charles

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item2 9-8-97 FilmG751 W.H.Per Doctor Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth **Physician** Year 6:30PM 8/9/97 Blount Rosalia /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5805 42ND AVENUE HYATTSVILLE 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dev. 5/30/15 7. Age (In yrs. lest birthday). 82 yrs. **Funeral** 9. Birthpiece (State or Foreign Months Days Hours 1 ☐ M 2 ☑ F Yrs. VIRGINIA Director 229-64-5887 Usual Residence of Decedent 10b. County PG death with the Maryland 10a. Stata 10c. City. Town or Location HYATTSVILLE 10d. Inside City Limits r than "natural", or items 23a or 28a-f short the Madical Examiner must be notified at MD Director 1 Vas 2 □ No 10e. Streef and Number 10f. Zlp Code 10g. Citizen of What Country? USA 20781 5805 42ND AVENUE Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes, 2 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status Pages 1 and 2 should be filled within 72 hours after much of Haalih and Mantal Hygiena. much fillem 27 is marked other than "natural; or fre-ury or other traumatic event, ma Mantal Experien-1 Never Married 2 Married 21215-0020 Specify: BLACK 1 ☐ Yes 2 No Specify: Be Completed by 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) NONE (1-4or 5+) CUSTODIAN DOMESTIC Baltimore, Maryland 17. Father's Neme (First, Middle Last) 18. Mother's Name (First, Middle, Maiden Surneme) CARRIE BELL BURREL ALBERT TRIGGS 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 5001 70TH AVENUE, HYATTSVILLE, MD. BETTY SOMERVILLE (DAUGHTER) 20b. Piace of Disposition (Nema of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1X Burlai 2 ☐ Cremetion 3 ☐ Removel from State parmit. Page Department of Important: If any Injury or GATE OF HEAVEN CEMETERY 8/16/97 SILVER SPRING, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 5 22. Name end Address of Facility T. RHINES CO., INC. 21. Signature of Funeral Service Licenses 3030 12TH ST NE, DC 20017 23a. Party. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** YRS /Medical Immediate Ceuse (Finel disease or condition resulting in death) ADVANCE CONGESTIVE HEART FAILURE **Examiner** Dua to (or as a consequence of): 5 YRS b. END STAGE RENAL FAILURE The law requires that the death certificate be executed ettending physician and for use as the buriel-trens Sequentially list conditions, if eny, laading to immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated evants resulting in death) Lesl Due to (or es a consequence of) Box 68760, Physician/Medical Due fo (or as e consequenca of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. dateched 23b. Did tobacco use contributs to the cause of death? cata has been signed by a page 2 should be datect 1 Yss 2 XNo 3 Probably 4 Unknown Division of Vital Records. by Completed 24b. Were autopsy findings aveliable prior to completion of cause of daath? 24e. Wes en eutopsy performed? cartificata 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes casa referred to medicel 26. Place of Death (Check only one) 10 Other: 4 ☐ Nursing Home 5 🖾 Residence 6 ☐ Other (Specify) 1 XYes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA nours after deeth.

neral Director: After this y filled in by the funeral di this 27. Manner of Death Certification: 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 1 Naturel 5 Pending investigation

28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify)

28c. Injury et Work?

1 Yes 2 No

28f. Location (Street end Number or Rural Routa Number, City or Town, State)

29a. Certifiai (Check only onel

2 Accident

3 Sulcide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and mennar as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mannar stated.

29b. Signature 4 nd title of pertifier

6 Could not be determined

29c. License number D21900

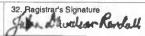
29d. Dete signed (Month, Dey, Year) 8/11/97

30. Name and addrass of person who completed causa of death (Item 23e) (Type, Print)
SMITH S. HO, MD, 7610 CARROLL AVENUE, TAKOMA PARK, MD 20912

State Registrar

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31. Date filed (Month, Dey, Year) 1 4 1997 AUG



To the Hospital within 24 hours a To the Funeral I

State of Maryland / Department of Health and Mental Hygiene 97 25673

							Ce	rtificate of	f Deati	h		Reg. No.		
P		. 1	1. Decedent's Nama (First, Mid	dle, Last)							2. Data of De			3. Time of Death
	Physic		Donna Jean Bur	ke							Month August	Day	Year 1997	5:00 am
	/Medi Exami		4a. Facility Nama (If not Instituti		treet and nu	ımbar)			4b. City. 7	Town, or L	ocation of Deat	-	nty of Death	
E	Exami	iei	2297 Summer C	-		CC-FIV								
1			5. Social Security Number	6. Sex		7. Age (In yrs. I	est hirthday)	If Undar 1 Yas		nton or 24 Hrs.	8 Date of Bir		Arun	
	Funeral Director		218-54-9097		M 2⊠ F		Ven	Months Day			8. Dsta of Bir (Month, Da		Cou	placa (State or Foraign intry)
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	land w		10a. State 10b. Coun	ty		10c. City	, Town or Lo	ocation						10d. Inside City Limits
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21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or flerns 23s or 28s-f show ont, the Medical Examiner must be notified at	B			Yaar or E	Dates:	10- D	danda Harrat Ora				401 101 4 4		ite
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Maryland			19a. Informant's Name/Relation					ng Address (Street						
	1 and 2 Health em 27 I		Thomas Clarenc	e Bui	rke -				Court	, Ode				113
Baltimore,	00-		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation	3 □Re	moval from		metary, crai	osition (Neme of matory or other p	lace)	į	Date	20c. Location	n - City or T	own, State
E	pemit. Pag Department Important: If any Injury o		4 □ Donation 5 □ Othar (				ropoli	itan Cre	mator	y	8/13/97	Alexan	dria,	Virginia
a	pemit. Departnimporta any inju	10	21. Signature of Funeral Service	License	•	0.	.49	2. Name and Add			_			
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	-0.00		23a. Part1. Enter the diseese, a shock, or haart failure. Lis	or compile	ations that	caused the death	. Do not ent	er the mode of d	ying, such a	s cardiac	or respiratory a	rrast,		Approximate
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В	Examiner		disaase or condition resulting in death)	е.		Dua to for	100	7 / 00						111100
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Division	E & E &	atic	2 Accident investigation M 1 Yes 2 No							No				
ĭ <u>≤</u>	or Attandate deatl	Ħ	3 Suicide 8 Could 4 Homicide deter	mined	28e. Place	a of Injury - At hor ing, etc. (Specify,	na, farm, str	eet, factory, office	Э		28f. Location ( City or To	Street and Nui	nber or Rur	ral Routa Number,
	s afte	Cer				ing, old. (opcom),					0.19	, 0.2.0,		
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	To the To the Com	2	29b. Signature and title of certific	er	1.11	1	7	29c. Licer	nse number	10/		29d. Date sign	ed (Month,	Day, Year)
			MATTO	N.	1144	und	1 ~	Dr	181	18		8/8/	7/	
"	(7)		30. Name end address of person	n who com	pleted caus	se of death (item	23a) (Type.	Print)	, - 1					
1	0/		Stanley P. Wat					ate Road	, Sui	te #3	300, Anı	napolis	, Md.	21401
N	Sta	te	31. Date filed (Month, Dey, Year		32, 5	Registrar's Signati	ura				-	•		
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State of Maryland / Department of Health and Mental Hygiene 97 25674

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	Medical of association of the private of the privat	sal Examiner	Immediata Causa (Final disease or condition resulting In death)  Sequentially list conditions, if any, laading to immediat cause. Entar Undardying Causa (Disease or Injury that Intitated events	b. Cos	Doerlo (or as a	consequ	A Conce of):	tey	s'in	ese		Zufis 3 years	
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	within 24 hours after deeth.  To the Funaral Director: After this cardificate his completely filled in by the funaral director, page	edical Ce	29e. Certifier (Check only one)  Certifying Phy 2 Medicel Exam	sicien: To the best of ner: On the basis of and menner ste	axamination at	e, daeth nd/or inv	occurred at the estigetion, in my	time, dete end ple opinion, death oc	ce, end due to the courred at the time, o	ceuse(s) end mo data and place,	enner es stet and dua to t	led. ha cause(s)	
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			Sam	1 clla	w		D	3427	4	8.7	7.9	)	
	181		30. Nema and addrass of person who c	omplated cause of de	aeth (Itam 23a)	(Typa, F	Print)		1		1		
	<u> </u>		DR. SAM TELLAW			VILL	E ROAD	BOWIE , N	D 20715				
	Sta	te	31. Data filed (Month, Day, Yaar)	32. Registre	er's Signatura								

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Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Deeth Bowers **Physician** Month ,1997 3:20 AM AUgust Rone /Medical 4c. County of Death 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth Examiner Prince .6 General Chevelly George's If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F 45 219 767252 Yrs. GDirector 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be nothled at Woodbridg William Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 22 Items 23s 12740 ICHACC Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No if Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Haalth and Mental Hygiena. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Experience once. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast greda complated) 16e. Decedent's Usuei Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 16b. Kind of Business/Industry Elamantery/Secondery (0-12) College (1-4or 5+) Construction Abover 13 17. Fether's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Surnama) Be fred A Bowers indse 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zlp Code) Bowers Same (Father) indsey AS 20e. Method of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from Stete Community 4 ☐ Donetion 5 ☐ Other (Specify) 997 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Greene Funeral 814 Franklin St, Alexandria V1 22314 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on sech line. Approximate Intervei Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disaase or condition rasulting in deeth) Examiner Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Entar Undarlying Ceusa (Diseasa or Injury that initiated events resulting In death) Lest P.O. Box 68760. Physician/Medicai Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No been signed should be det Records, þ 24b. Wara eutopsy findings eveilable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 s certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director, 25. Was case referred to medical exeminar? Be 26. Place of Deeth (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 DA 12 inpatient 2 ER/Outpetient 3 DOA this funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Aftar To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 3 Suicida 6 Could not be detarmined 28e Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Medical 29a, Certifier 1 Certifying Physician. To the best of my knowledge, deeth occurred et the time, data end place, and due to the ceuse(s) and mannar as stated. 2 Medical Examiner On the basis of examinetion end/or invastigation, in my opinion, daeth occurred et the tima, deta end place, end due to the ceuse(s) erm manner steted. 29b. Signatu 29d. Dete signed (Month, Day, Year) 30. Name and adj 31. Dan filed (Month, Day, Year) State **AUG 12** Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month JOHN COLLINS JULY 16, 1997 8:00 PM /Medical 4e. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** NIH, THE CLINICAL CENTER MONTGOMERY MARYLAND BETHESDA, If Under 1 Year | If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Days **™** M 2□ F 001-24-0161 Yrs. Director 64 March 10,1933 New Hampshire Usual Rasidance of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at New 1 ☐ Yes 2 No Director Hampshire Belknap Meredith 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 03253 United States P.O. Box 1311 Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Year or Detas: 1965 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Marital Status Riack White atc. 1 Nevar Married 2 Married 1 ☐ Yas 2X No Specify: Specify: þ 3 Widowed 4 Divorced White 1965 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Eiemantary/Secondary (0-12) Coilega (1-4or 5+) Pilot Airline permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 is marked other any Injury or other traumatic event, 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Joseph P. Collins Julia Murphy 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Patricia Collins/Wife P.O. Box 1311, Meredith, New Hampshire 03253 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Deurial 2 Cramation 3 Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Calvary Cemetery / July 23, 1997 Concord, New Hampshire 21. Signature of Funaral Sarvica Licansee

22. Nama and Addrass of Fecility Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc., 7557 Wisconsin Ave.

Bethesda, Maryland 20814-3501

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,

Approximate Onset end Deeth Physician 24 HRS /Medical Immediate Causa (Final diseese or condition resulting in daath) Respiratory Arrest Examiner Dua to (or as a consequence of): NS MONTHS Examiner physician and the burial-transit Sequantielly list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Diseasa or injury that initiated avants rasulting in death) Last Physician/Medical Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown NONE ð 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an eutopsy performed? Completed 1 Yas 2 No 25. Wes casa referred to medical axaminer? Be 26. Placa of Daath (Check only one) Hospital: 1 2 Inpatiant 2 ER/Outpetient 3 DOA 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 funeral 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: 5 Panding investigation 1 Naturai 1 Yas 2 No 2 Accident 3 ☐ Suicide 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To tha best of my knowledge, death occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and placa, end dua to tha cause(s) and menner stetad. 29a. Certifier (Check only one) To the I within 2 To the 6 29b. Signature and titla of cartifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) Oday. B. Navavaly 17197 051119

State Registrar

9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 32. Ragistrar's Signatura gulia Davidson

30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print)

UDAY B. NANAVATY, MD

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death

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other than "natural", or item

Baltimore, Maryland 21215-0020

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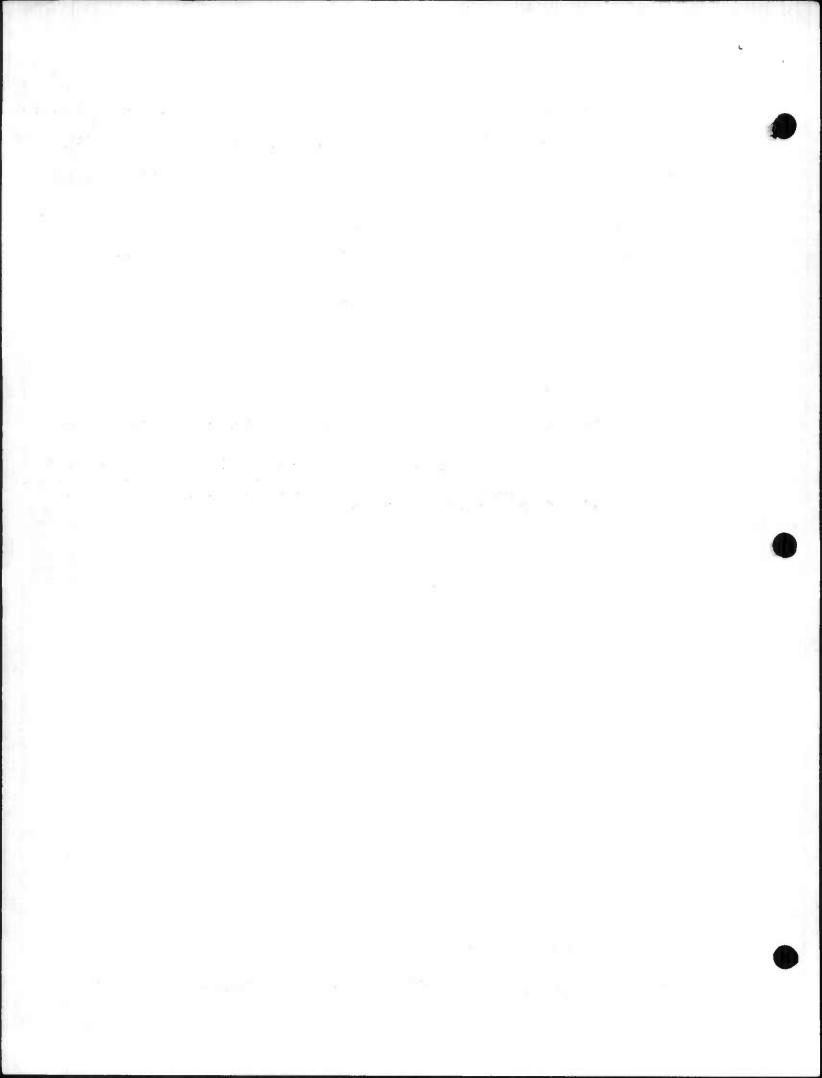
Division of Vital Records, P.O.

certificate

or Attanding Physician: after death. Director: After this certifica

24 hours a Hospital

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State of Maryland / Department of Health and Mental Hygiene

25677 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month **Physician** GLORIA CAMPER SISAN Juy 31 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner University of Maryland Hospital Baltimore Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Day, 10 07-27-30 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 6 Sex Birthplece (Stete or Foreign Country) **Funeral** Veer 1□M 2 F Months Deys Yrs. 212-40-9996 Director Maryland Usuei Residence of Decedent the Maryland 10a Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show "naturel", or items 23a or 28a-f show 1 Yes 2 No Director Maryland Talbot Easton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? deeth Funeral 701 Doverbrook 21601

13. Was Decedent of Hispenic Origin? (Specify Yes or NoIf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black Completed by 3 ☐ Widowed 4 ☐ Divorced Peges 1 end 2 should be filed within 72 ho nent of Health and Mental Hygiene. Int: If item 27 is merked other than "natur ury or other traumatic event, the Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) House wife House wife 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Walter Johns Emma Jane Johnson 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) (daughter) Sharon L. Redd 304 North Street, Easton, maryland, 21601 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removel from State Depertment of Important: If any Injury or once. Paradise Cemetery 08/07/97Trappe, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Lice 22. Name end Address of Fecility Bennie Smith Funeral Home 1087, Easton, Maryland e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel CHERREAL HERWATTON diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner CFICKBIENL FORMA The law requires that the death certificate be executed buriel-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting In death) Lest Due to (or es e consequence of) P.O. Box 68760, INTRYUGAPBIEXL - HEMORTEUAGE Physician/Medical the Due to (or es e consequence of): 98 HYPERTERSION ate hes been signed by the e page 2 should be detached to Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings eveilable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: director, Be 25. Wes case referred to medical 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 inpatient 2 ER/Outpetient 3 DOA this funeral 27. Menner of Deeth Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: After Division 1 Naturei 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No efter death illed in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital within 24 hours e Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner steted. Medical 29a. Certifier tha and title of certifier 29b. Signeture 29c. License number 29d. Date signed (Month, Dey, Year) XU4176435 CELGE JULY 31, 1997 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) COOK, JUDGON H, MD 118 W. OSTEND XVE, BARRINGE 31. Date filed (Month, Pay, Year) AUG - 4 1997 MD 32. Registrar's Signeture State Lulia Savidson-Randall Registrar

CONTRACTOR OF CO.

State of Maryland / Department of Health and Mental Hygiene 97

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13/	Attending or death. ector: After by the fune	fica	2 ☐ Accident 3 ☐ Suicide	6 Could not be determined	-	of Injury - At	home, ferm, str				n (Street and Num.	ber or Rur	ral Route Number,
ă	s afte	Certification:	4 Homicide	/	buildir	ng, etc. (Spec	cify)	reet, factory, offic		City or	Town, Stete)		
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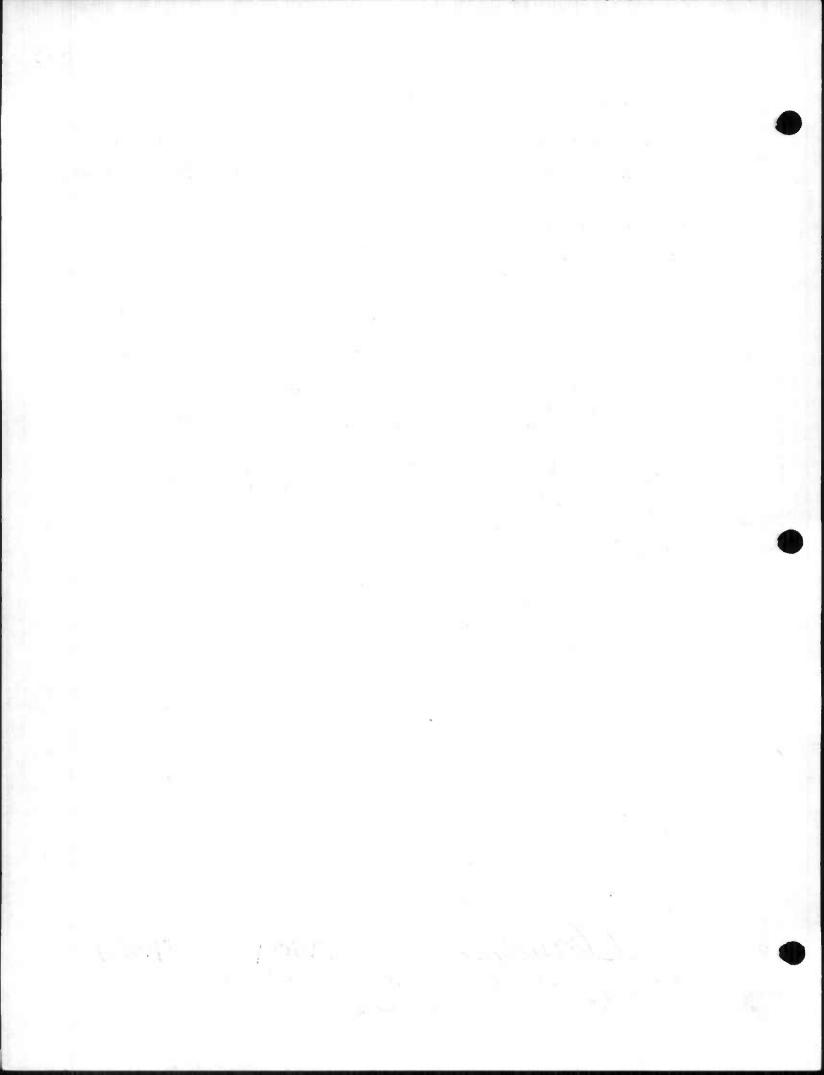
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State of Maryland / Department of Health and Mental Hygiene 97 25679

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al	5. Social Sacurity Number	6. S		7. Aga (In	yrs. lest birthday			24 Hrs.	8. Data of Bir	th	_	placa (State or Forai	
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	Marianne C. F		11112	tor									
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State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death

Physician /Medical Examiner
Funeral

Director

death with the Maryland 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinar must be not the dat Pages 1 and 2 should be filed within 72 hours aftar one of Health and Mental Hygiane.
Int: If Item 27 is marked other than "natural", or Health yor other traumatic event, the Medical Expansion any or other traumatic event, the Medical Expansion.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

permit. Page Department o Important: if I any Injury or once.

physician a f or Attending F after death. Director: After To the Hospital
within 24 hours a
To the Funeral D
completely filled

1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Death :08A Josephine Marie Casile HUG 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Montgomery Suburban Hospital Bethesda If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | March 4, 1902 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 1□M 2XF Yrs. 220-34-2545 95 France Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Tyes 2 No Director Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20814 France 4858 Battery Lane Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 11. Marital Status 1 Never Merried 2 Married 1 Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grede com 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry rede completed) Elementary/Secondary (0-12) College (1-4or 5+) Beauty 12 Manicurist 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Mathiue Casile Pierrette Ferrandi 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Genevieve Lane Niece 5150 Massachusetts Avenue, Bethesda, Maryland 20816 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 8-15-97 Beltsville, Maryland 22. Name and Address of Fecility Rapp Funeral Services, P.A. Pent. Enter the disease, or confedications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Intervel Between Onset end Deeth immediate Cause (Final Cardiopulmonary Arrest 5 mins. diseese or condition resulting in death) Due to (or es e consequence of) Examiner End Stage Pancreatic Cancer 6 months Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 X No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. injury et Work? 28d. Describe how Injury occurred 28b. Time of 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier 💢 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature aperigle of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer)

C34671

August 13, 1997

State Registrar

WISCONSIN AVE SUITE 412 BETHESDAHD 32. Registra's Signature

Juna Davidson-Rendelle

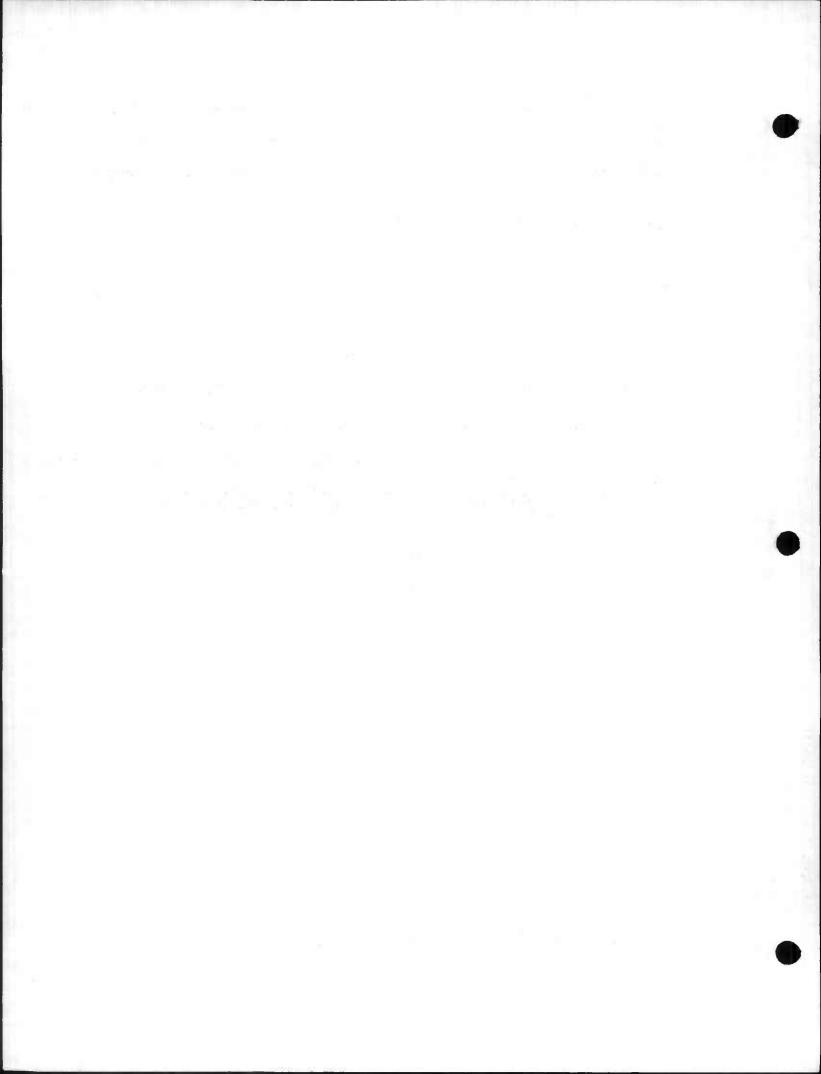
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30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)

MALIK

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SHAKUN



State of Maryland / Department of Health and Mental Hygiene 97 25681

Funeral Director 5. Socia 5.79-Usual Reportment of Heelih and Mental Hydiene.  10e. Start 10e. Star	DC set and Number 2915 ELLICOT tal Status Never Married 2 Marrie Widowed 4 Divorcad  15. Decedent' (Specify only highes) entary/Secondery (0-12) ar's Name (First, Middle, L ARRY CARROLL commant's Name/Relationsh Burlal 2 Cramation Donation 5 Other (Specify only in the County of County	OMAC  6. Sex  1	Rege (In yrs. las 84 10c. City, WA 11c. City, WA 11c. City, WA 11c. Ever In U,S. 11c. Centre of the common of the common of the common of the common of the common of the centre of the	Yrs.  Town or Loc SHING  13. V If 1 16a. Deced (Give h Iffe. D BU  19b. Mailing 2915 1 20 of Disposetery, crem V SHOI  20 Do not ante	If Under 1 Months  cation  TON  10f. Zip C  20  Vas Deceda Yes, specif  Yes 21  cent's Usual kind of work OO NOT use  ILDER  g Address (  ELLICO Sition (Name and or yor oth Anzans  170 Ro or the moda	Poto Year If Unit Days Hour  Code  D008 Int of Hispanic ty Cuban, Maxi  No Spec  Occupation c done during in relired)  18. Mc  Construct and Nur  OTT ST e of fer placa)  EMETERY  Address of Fa S Ky—Golo ockvill	Orlgin? (Spicen, Puerto	consideration of the property	4c. County Mont  Mont  1913  10g. Citizen of V  UNITED  14. Rac Blac  Specify  16b. Kind of B  REAL  Maiden Sumen  Z  or, City or Town, ON DC 20 20c. Location  WASHING  hapel  vile, M	y of Death gomer  9. Birthpil  10  STAT: 2a - America ck, White, e y: WHIT  usiness/Ind  ESTAT: ne)  State, Zip  0008 City or Tow  PON, I	ace (State or Fondry)  DC  Dd. Inside City Lin  1 X Yes 2   iny?  ES  an Indian,  or E  ustry  E  Code)
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sician edical immediates the principle of the principle o	ate Ceuse (Final or condition g in death)					of dying, such	as cardiac	or raspiratory ar	rest,		Interval Betwaar
sician edical immedia disease resulting set the principle of physician as the principle of	ate Ceuse (Final or condition g in death)										
or us	ially list conditions, seding to immediate Enter Underlying Disease or injury ated events In deeth) Last	c	Due to (or a	erchi s a consequ	uence of):	CARLIE	vasc	eler i	diseas	٠	
M + //		d									
Physical Part II.	ther significant condition	ns contributing to death t	but not resultir	ng in the un	derlying cau	use givan in Pa	art I.				the cause of de ably 4 Unki
2 should	sthma							24a. Was a	an autopsy med?	avai	re autopsy findin ilable prior to apletion of cause eath?
Certificate had be considered by a considered								1□ Y	as 2EINo	10	Yes 2□ No
25. Was	case referred to medical						ace of Deel	h (Check only o	ne)		
Signature 1		Hospital: 1 Inpati		VOutpatient			Nursing Ho	ome 5 Resid			)
\$ 0 1 PM	ner TDeath  Neturel 5 ☐ Pending Accident Investigs Suicide 6 ☐ Could no	ation of he	ay Year)	Bb. Time of Injury	М	c. Injury at Work? 1  Yes 2	□No	28d. Describe h			
	Homicide determine	28e. Place of In building, e	tc. (Specify)				and place.	28f. Location (S City or Tow	m, State)		
edical 29a. Cel	eck only 2 Medicat E	xaminer: On the basis of and menner si	of examination	and/or Inve	estigation, Ir	n my opinion, o	death occur	red at the time, o	date and ptece,	end due to	the cause(s)
₹ E 29b. Sig	natural and title of certifier	0		\	29c. l	Licansa numbe	er		29d. Data signa	d (Month, D	Day, Year)
	Stolur of	Leiner	2	)	D	2645	9 (	(Mal)	429457	14.	1997
30. Nam.	F F F F F F F F F F F F F F F F F F F		do-st- /ls 01	al Grupa P	Print)				U	st, M	

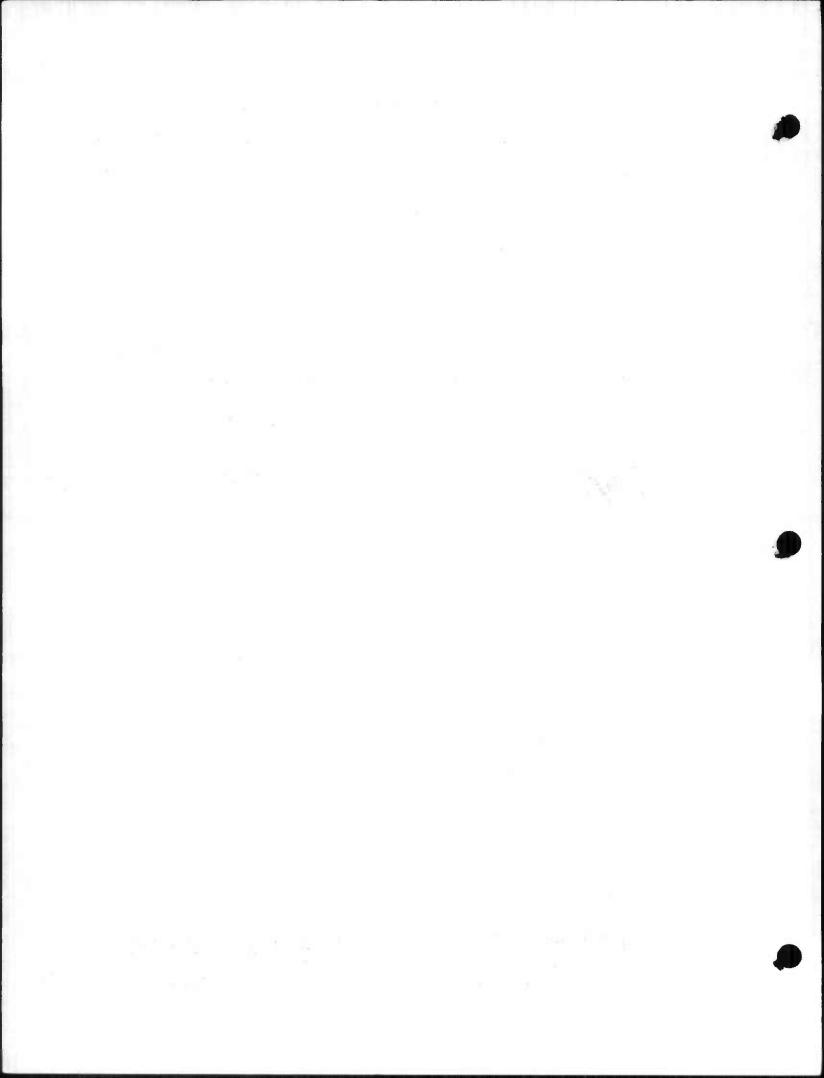


State of Maryland / Department of Health and Mental Hygiene 97

Certificate of Death

25682

						Cer	illicate o	Dealli		Reg. No.	
	Physic /Medi		Decedent's Neme (First, Middla, Las		ELIZAB	ETH	CRAWM	ER	2. Dete of D Month AUG.	Day	97 8:30 AM.
	Exami		4a. Facility Nama (If not institution, give		r)				n, or Location of Dec IINSTER		y of Death RROLL
	Funeral Director		5. Sociel Security Number  213-18-8503  Usual Residence of Decedent	1x 7. A □M 2X0 F	nge (In yrs. last b	irthday) Yrs.	If Undar 1 Yas Months Dey		4 Hrs. 8. Date of B. Min. 9/27	oay, Year) /1922	Birthpleca (State or Foreign Country)     MARYLAND
	Marylend Ff show	tor	10a. State 10b. County	ROLL	10c. City, Tov WEST		ation STER				10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	or 28	Direc	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Country?
	s 23a	eral	47 SOUTH CHUR			140.14	2115		0.00	USA.	A land
020	s 1 and 2 should be filed within 72 hours effer death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or Hems 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Meritei Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1  Yas 2  If Yes, Give Yeer or Detes	? XNo		Yes, specify Cu		in? (Specify Yas or N Puarto Rica <i>n</i> , etc.)		ce - American Indien, ck, White, etc. cy: WHITE
5-0	72 hou		15. Decedent's Ed (Specify only highest grad	ucation	168	Decede	ent's Usuel Occ ind of work don O NOT use reti	supation	of working	16b. Kind of B	usiness/Industry
21215-0020	filed within Thygiene.	Completed	Elementary/Secondery (0-12)	Coilega (1-4or	r 5+)	life. D		RVISOR		PHONE	
Maryland	should be fill and Mental H marked oth	To Be	17. Fethar's Neme (First, Middla, Last)	A. CLEVI	ELAND H	VOOI	ER		s Neme (First, Midd AH REBEC	· ·	,
Mar	d 2 sho th and 7 Is me traum		19e. Informant's Neme/Reletionship (7 PHILLIP B. CRAWI						or Rural Route Num		
	Health Health tem 27 other tr		20a. Method of Disposition	IBIC -IIOL	20b. Plece	of Dispos	ition (Neme of		Dete		- City or Town, Stete
E O	Page:		1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specify		WESTM	INS'	etory or other p	iM .	8/12/97	WESTMI	INSTER, MD.
Baltimore,			21. Signature of Funeral Sarvice Licans	600					FLETCHE WESTM		MD. 21157
F			23a. Parti. Enter the disease, or composhock, or hear fisher. List only of	licetions thet cause the ceuse on each	ed the deeth. Do	not enta	r tha moda of d	lying, such as c	ardiac or respiretory	arrest,	Approximate Intervel Between
È,	Physician /Medical Examiner		Immediate Cause (Finel disaesa or condition		Mult	iu	lano	7	Derner		Onset and Deeth  4 year
		ē	rasulting in deeth)		Due to (or as a	consequ	agencia of):			3	10
	outed id ansit	Examiner	Sequentially list conditions	b	Due to (or as a	consequ	sence of):				
0	e exectian an		Sequentielly list conditions, if eny, leading to Immediete cause. Enter Undarlying Cause (Disease or injury that initieted events				T1175.70.81				
68760,	certificate be executed ding physician and ise as the burial-transit	dica	that initiated events resulting in death) Lest	Ç	Due to (or as a	consequ	ence of):				
ox 6		n/Medicai	·	d							
0	the etter thed for u	Physicia	Pert II. Other significant conditions co	ntributing to death	but not resulting	in the un-	derlying cause	given in Pert I.	23b. DI	d tobacco use co	ontribute to the cause of death?
s, P.0	law requires that the death as been signed by the ette ? 2 should be detached for	by Phy							1[	Y •• 20(No	3 Probably 4 Unknow
of Vital Records,	aw require	Completed							24e. We	es an eutopsy formed?	24b. Were autopsy findings evailable prior to completion of cause of deeth?
H B	The law ata has page 2	Com							10	Yas Ano	1□ Yes ZD20
Vita	iing Physician: The I h. Affer this certificata ha funeral director, page	Be	25. Was case referred to medical examiner?	Hospitei:				117.00	of Deeth (Check only	ona)	
of	Physic raidir	1: To	1 ☐ Yes 2/2 No 27. Mannar of Deeth	1 ☐ Inpat		utpetient Time of	3LI DUA		sing Home AS Re	sidence 6 Ott	
ion	ath. :: After	ation	1 Neturel 5 Pending 2 Accident investigation	(Month, D	ey Year)	Injury	28c. In W	lork? □Yas 2□N			
Division	Hospital or Attanding I 24 hours eftar death. Funeral Director: After stely filled in by the funer	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Inbuilding, e	njury - At home, f etc. (Specify)	erm, stre	et, fectory, offic	e ·		(Street and Num. own, State)	ber or Rural Route Number,
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical (	29a. Certifier (Check only one)	sician: To the best ner: On the basis and menner s	of examinetion e	e, death nd/or inve	occurred at the estigetion, in my	time, date and y opinion, death	piace, and due to the cocurred et the time	e cause(s) and m e, date end piece,	anner as stated. end due to the ceuse(s)
	To the within 2 To the comple	Δ	296. Signature and title of captifler	CH ?			29c. Lice	asa number	915	8/11	(Month, Dey, Year)
_	7		30. Name and address of parson who c	impleted cause of	deeth (item 23e)	(Type, F	Print) Net f	tue	west	muste	1 4D 2457
	Sta Registi		31. Date filed (Month, Dey, Yeer) AUG 1 2 19	1.80	tray's Signature	Carolal	L				



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hospital or attending physician.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
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97 25683 Amended Items 20b & 20c, 8/20/97 Amended Item #1, 8/18/97, per F.D., Carroll County, wjl per F.D., Carroll County, wjl

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

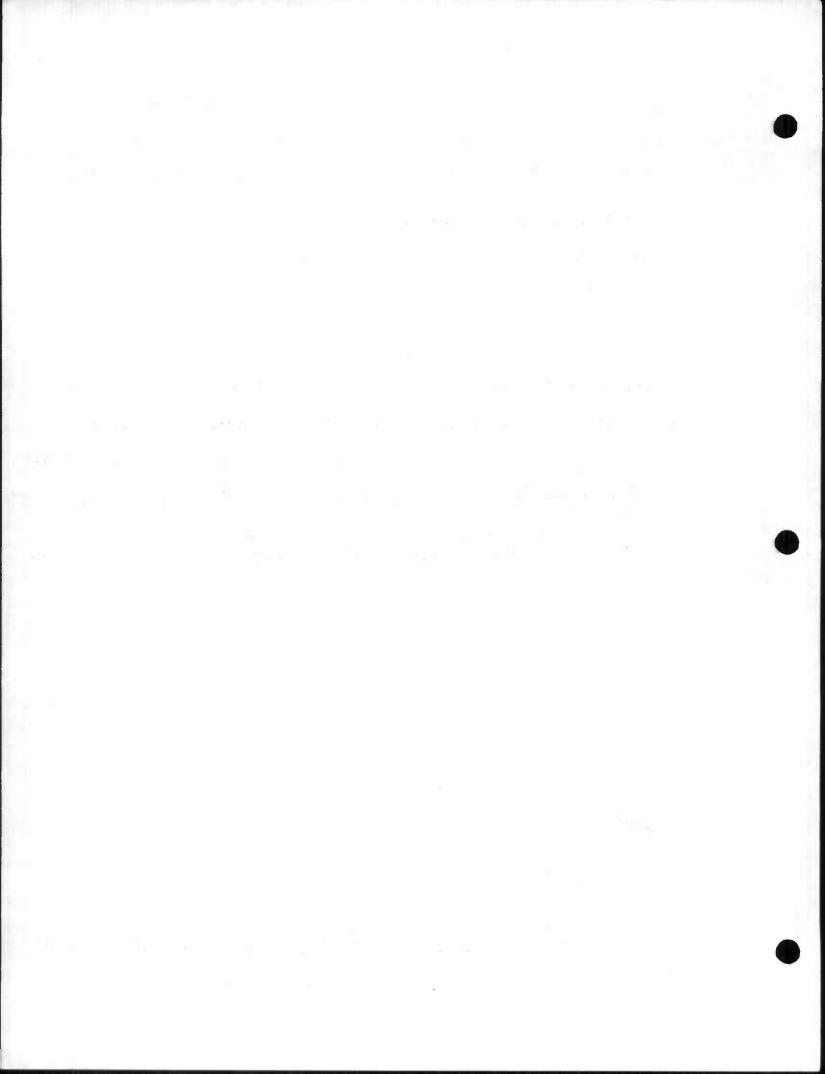
CERTIFICATE OF DEATH

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Catherine MAR YEAR A5 A MILEUC August 10 1997 2 P.M 7. DATE OF BIRTH (Month, Day, Year) March 26, 4. SOCIAL SECURITY NUMBER 6. AOE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 F 212 38 1065 86 YRS. 1911 Marylana 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR Carroll County General Hospital Carroll Westminster 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Carroll MD Union Bridge 0 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4293 Barks Hill Road 21791 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: White BY 3X Widowed 4 ☐ Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Seco College (1-4 or 5+) Domestic COMPL Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) te Oliver Blair Kathleen Corcoran BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 4293 Barks Hill Road Union Bridge, MD 21791 Mr. John Fisher (son) 2 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 💢 Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) MEATED CREMATORY " INC HOLD OF 2CATONSVILLEW, MD must Carroll Cremation Serv. 8/13 Hampstead, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME & CHAPEL (Box 195) Sykesville, MD 21784 (410)-795-1400 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata intarvai Betwe shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition HOURS resulting in death) event, DUE TOPOR AS A CONSEQUENCE OF osersus APPROX JOHOURS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED-TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 THO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNET OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 3 Suicide 6 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIF 29c. LICENSE NUMBER 3

State of Maryland / Department of Health and Mental Hygiene 97 25684

					Certificate of	Death	Reg	. No.	
			1. Decedent's Name (First, Middle, Last)				2. Date of Death		3. Time of Death
п	Physici		HAROLD WILLIAM	RARTREE			AUGUST 9	Day Year	1940
я	/Medi		4a. Facility Name (If not institution, giva street as			4b. City, Town, or L		4c. County of Death	
7	Examir	ier	SACRED HEART HOS				2222		
Н			5. Social Security Number 6. Sex	7. Age (In yrs. lest birt)	hdev) If Under 1 Year	CUMBERL If Under 24 Hrs.		ALLEGAN	I nplace (Stete or Foreign
e.	Funerai Director		217-10-1052 Usual Rasidance of Dacedent	1-	rs. Months Days	Hours Min.	8. Date of Birth (Month, Dey, Y arch 8,]		RYLAND
	tand		10a. State 10b. County	10c. City, Town	or Location			İ	10d. Inside City Limits
	Mary	jo	MARYLAND ALLEGAN	LAVAL	F				1∑ Yes 2 No
	28 th	Director	10e. Street and Number		10f. Zip Coda		100	. Citizen of What Cou	unto?
	with or					502			
	eath re 23	era	5 PARKSIDE BLVD.  11. Marital Status 12. Was	Decedent Evar in U.S.		502	anihi Van or Na	USA 14. Raca - Amer	den Indian
	Herr d	Funeral	Arm	ed Forces?	13. Was Decedent of It Yas, specify Cui	ban, Mexican, Puerto	Rican, etc.)	Black, White	
020	Irs af	by F	If Ye	Yas 2 🕅 No es, Give ror Datas:	1□Yes 2∏ No	Specify:		Specify: WH	ITE
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Mexical Examine trust be notified at	Completed	15. Decedant's Education (Specify only highest greda compl	16a.	Decedent's Usual Occu	ipation	16	b. Kind of Businass/I	ndustry
21	within in the the r	pje		ege (1-4or 5+)	(Give kind of work done life. DO NOT use retire	ed) ed)	ang		
21	d will	no.	12		SALESMAN			INSURAL	NCE
pu	be filed ital Hygid d other event, I	Be	17. Father's Name (First, Middle, Last)			18. Mothar's Nam	a (First, Middle, Ma		
Maryland	Menti Menti arked	To	MILSON PERCY CE	RABTREE		MA	RTHA BEF	RTHA GERI	LACH
an	and Men s marks		19a. Informant's Name/Ralationship (Type, Prin	() 19b.	Mailing Address (Street	at end Number or Ru	ra / Routa Number, C	City or Town, State, Z	ip Code)
	1 and 2 Health a em 27 la		MRS. M.HELEN CRAB	TREE/WIFE	5 PARKSII	DE BLVD	TAVALE	MD 2150	0.2
Je,	f Her fem othe		20a. Method of Disposition	20b. Placa of	Disposition (Neme of		Date 20	c. Location - City or 1	
30	Pages nent of nt: If its		1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State	y, cremetory or other pl A LINI MICM C		9/12/07	TAVATE	MADVIAND
Baltimore,	it. P		21. Signature of Funeral Service Licepses	KESIL	AWN MEM. C		0/12/9/	LAVALE,	MARYLAND
ä	permit. Pages Department of Important: If it any Injury or once.		John S. J.	Talat.		HAPEL OF			21502
			23s. Part 1. Enter the disease, or complications show, or heart failure. List only one cause	that caused the death, to n	ot enter tha moda of dy	ring, such as cardiac	or respiratory arres	t,	Approximate Interval Between
	Physician			1/1		^			Onsat and Death
а	/Medicai		Immediate Cause (Final disease or condition	4. Wom	WEARINA	1 Souls	retion		3//
	Examiner		resulting In death)	Due to (or as ex	one accuracy of):	of Type	Lecio	1	Johns
_		ē		Due to (or assert	onsequanca or).	1		1	
	uted d ansit	Ē	b	Dua to (or as a c	oncogunação atte	V		1	
Ć,	eath certificate be executed attending physician and I for use as the burial-transit	Examiner	Sequentially list conditions, if any, laading to immadiate cause. Enter Undarlying	Dua to (or as a c	onsequence or).			1	
290	sicia bur	cal	Cause (Disease or injury that initiated events	Due to (see see see					
68760,	ficat phy s th	edicai	resulting In death) Last	Due to (or as a co	onsequence or).				
XO	centi	₹	d						
ă	death e atter	clai							
o.	that the death of the death of the detached for us	Physician	Part It. Other significant conditions contributing	to death but not resulting in	the underlying cause g	iven in Part I.			to the cause of death?
Ω,							1 Yes	2 2 1 No 3 □ Pr	obably 4 Unknown
ds,	200	d by					24a Wan on	autorou 24h V	Vere autopsy tindings
Ö		Completed					24a. Was an a	ed? a	vailable prior to completion of causa
Record	S 50	npi						0	of death?
		Ö					1 ☐ Yes	2 No 1	☐ Yes 2☐ No
Vita	ysician: The is certificate director, pag	Be	25. Was case refarred to median			26. Placa of Deal	th (Check only ona)		
	5 00	2	1 Yas 2 Hospital:	1 ☑ Impatient 2 □ ER/Out	patient 3 DOA	thar: 4 Nursing Ho	ome 5 Residend	ce 6 Other (Spec	cify)
0	tending Ph leath. tor: After thi		27. Manner of beath 28a. 1 ☐ Naturat 5 ☐ Panding	Data of Injury (Month, Day Year) 28b. Ti	ime ot 28c. Injury	ury at ork?	28d. Describe how	injury occurred	
Ö	tendin death. stor: Af the fu	atic	2 ☐ Accident investigation	, , , , , , , , , , , , , , , , , , , ,		Yes 2□No			
Division of	Atte ecto by ti	ertification:	3 Sulcide 6 Could not ba datarmined 28e.	Place of injury - At home, far building, etc. (Specify)	m, straat, tactory, office	)	28t. Location (Stra. City or Town,	et end Number or Ru State)	ral Routa Number,
Ö	s after of Direct	Cer		building, etc. (Specify)			Ony or yours,	Jiaia	
	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifier 1 CertifyIng Physician: T	o tha bast of my knowledga,	death occurred at the t	time, date and placa,	and due to the cau	se(s) and manner as	stated.
	n 24 n 24 n Ft	edicai	(Check only 2 Medical Examinar: On and	the basis of examination and mannar stated.	vor invastigation, in my	opinion, death occur	red at tha tima, date	and place, and dua	to tha causa(s)
	Withi To th	Σ	29b. Signatura and title to confine		29c. Licer	nsa number	290	I. Data signed (Month	n, Day, Year)
	E		MINA	and Man	7	2218	1 4	henest 1	11997
	2	ŀ	39. Name and addrass of person who complated	causa of death (Itam 23a) (	Typa, Print\		1	1	1111
	my		m. Nonana M	Daze Rich	26/01/54	Drive	( um basel	and M	D 21000
	Sta	0	31. Date filed (Month, Day, Year)	32. Registrar's Signature	الر مان الم	will the	Junger 6	and I'	0-1300
	Registr	100	AUG 1 1 1997 Schide	weeper Newson					
	10 - 21 - 2		* * * * * * * * * * * * * * * * * * *	r					



State of Maryland / Department of Health and Mental Hygiene 97 25695

						Ce	rtificate	of	Death		F	Reg. No.	1 6	.0000
Physici /Medio	_	1. Decedant's Name	a (First, Middla, La ES LAMM (								2. Data of Das Month		Year	3. Tima of Death 6:20 P.M
Examir Funeral Director		The Memory 5. Social Security N 526-26-37	cial Hosp	ital and	Medi	cal Cer last birthday) Yrs.	If Undar 1		Cumbe: Hours	m, or Local rland	ation of Death	4c. County	of Death egany	aca (State or Foreign
Maryland B-f show	tor	Usual Rasidanca of 10a. Stata MD	10b. County Allegan	Y	10c. Cit	ty, Town or Lo							10	d. Insida City Llmits 1 Yes 2 □ No
ith with the 23a or 28	ai Direc	10e. Street and Num 506 Whit	nber ce Avenue	Apt 2			10f. Zip 0	oda 150	2			10g. Citizan of \ US		y?
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heath and Mental Hygiene. Department of Heath and Mental Hygiene. The fire may 18 marked other than "patural" or items 23a or 28a-f show any injury or other traumetic event, the Moulcal Examiner must be notified at once.	Completed by Funeral Director	11. Marital Status  1  Navar Marria  Widowed	ed 2 Married	12. Was Deceda Armed Force 1 Tas 2 If Yas, Giva Year or Data	>6? ≦ No		Was Deceda If Yas, specif 1 □ Yas 2		Ilspanic Orig an, Maxicen, Specify:	in? (Spec Puarto R	ify Yas or No- icen, atc.)	14. Rad Blad Specify	e - Amarica ck, Whita, a	
iene. r than "natur in Maylcal	ompleted	(Speci	15. Decedant's Edify only highast grandary (0-12)	ducetion da complated) Coilaga (1-4	or 5+)		dant's Usual kind of work DO NOT usa			of working	7	16b. Kind of B		Electric
Mental Hyg Mental Hyg Irked other	To Be C	17. Father's Nama ( Samuel	First, Middla, Last, Henry Co									Maldan Suman Gaines)	na)	
and 2 sho ealth and n 27 is me		19a. Informant's Na William	me/Ralationship ( D. Lamm-								Routa Numbe perland	r, City or Town,	Stata, Zip ( 21502	2oda)
ment of Hant: If Iten		20a. Mathod of Disp 1 Buriai 2 4 Donation		Ramovai from Sta		Place of Dispo camatary, crain nset M			Park	0	8/11	20c. Location -		
Depart Import		21. Signature of Fur	halds 4	Iraic	eQi-			erl	and, M	D 2	1502			
Physician /Medical Examiner		23a. Part1. Entar the shock, or haar Immediata Causa (Idisaasa or condition rasulting in daath)	Final		abdon	ninal S	epsis	of dyli	ng, such as (	cardiac or	raspiratory ar	rast,		Approximate Interval Batween Onsat and Death
dearn certricete be executed e ettanding physician end of for use es the burial-transit	n/Medical Examiner	Sequentially list cor if any, laading to im causa. Entar Under Causa (Disaasa or that Initiated avants resulting in daath) L		0.	Dua to (c	small or as a consec ischen or as a consec	intes	tin	e (Jej	unum	)			weeks nknown
by th	Physician/I	Part II. Other signific		ontributing to death						nic		obacco use co res 2 No		the cause of death?
been sign should be	Completed by	CA					,				24a. Was a	an autopsy med?	corr	ra autopsy findings Ilabla prior to oplation of ceusa aath?
ata h page	Be	25. Was cesa rafarr axaminar?	ed to medical	Homital				100		of Death	1 □ Y			Yas 2□ No
to one nospiral or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funaral director,	Certification: To	1 Yas 2 1 2 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3		28a. Place of	njury Day Year)	28b. Tima o injury oma, farm, str	f 28	c. Injui Woi 1 🗆	4 LI Nui	28	d. Dascribe h	lanca 6 Oth row Injury occur Street and Numb m, Stata)	red	
within 24 hours at To the Funeral Di completaly filled is	edicai Cei	29a. Cartifiar (Check only one)		yalclan: To tha be alner: On tha basis and mannar	of axamina									
within To th	Σ	29b. Signatura and	titia of certifiar	1//	A		29c.	Licens	e number		2	29d. Data signe	d (Month, E	ay, Year)

D 19318

Cumberland, Md.

21502

State Registrar 30. Nama and addrass of parson who complated cause of death them 3a) (Type, Print) Dr. N.A. Ranjithan, 517 oldtown Road,

10

Physician /Medical Examiner  LILLIAN VICTORIA COOK  4e. Fecility Name (If not institution, give street end number) 546 WILSON BRIDGE DR. D—1  5. Social Security Number 230–22–1679  Usuel Residence of Decedent  10a. State  10b. County  10c. City, Town or Location  4b. City, Town, or Location of Deeth OXON HILL  PRINCE GEORGE'S  4c. County of Deeth PRINCE GEORGE'S  4c. County of Deeth PRINCE GEORGE'S  4c. County of Deeth PRINCE GEORGE'S  1					aryianu /	Certificate of			giene 9 Reg. No.	1 2	25686
46 Facility father (first established, one since and number)  5. Secola Beach Part (First established)  5. Secola										Yeer	3. Time of Deeth 8:45AM
The state of the s											RGE'S
10.5 State   10.0 Copyry   Inc. Copyry   I	40.0		230-22-1679			Months Devs		(Month, Des	/. Year)	9. Birthp Coun	lece (State or Foreign try) Norfolk
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The CONDY Case mercing from the analysis of the control of the con	020 uns efter death al', or flems 2:	by	11. Maritel Stetus  1 Never Married 2 Married	12. Wes Decedent Armed Forces? 1 Yes 24		13. Wes Decedent of I	Hispanic Origin? (Sp an, Mexican, Puerto	pecify Yes or No- Prican, etc.)	14. Reca	a - Americ k, White,	an Indien, etc.
The Modern's Name (First, Modern, Late)  WILLIAM DANIEL BRACEY  190 May 190 Ma	1215-0 within 72 ho me. man *naturi	mpieted	(Specify only highest gred Elementery/Secondery (0-12)	e completed) College (1-4or :		(Give kind of work done life. DO NOT use retire	during most of worl	king			lustry
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Approximate an appropriate part of the cause	/lan	0 8	WILLIAM DANIEL BR	ACEY							
Approximate an appropriate part of the cause	Aary 2 sho and h		19e. Informent's Neme/Reletionship (T)	pe, Print)	19	b. Meiling Address (Street	and Number or Ru	rai Route Numbe	r, City or Town,	State, Zip	Code)
1. Buriet 2 Micrometron Stude   1. Septential 2 Micrometron Stud	e, h			DAUGHTER			EN ST. N.				
Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Physician Medical Examiner  Due to (or es e consequenca of):  Cancer  Consequenca of):  Cancer  Due to (or es e consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Due to (or es e consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequenca of):  Cancer  Consequencea	timor t. Peges tment of tant: If its		1 X Buniel 2 X Cremetion 3 ☐F 4 ☐ Donetion 5 ☐ Other (Specify)		cemete	AND VETERANS	CEM. 8	3.74			
Physician / Medical Examiner    Page   Part I. Cheer tell disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, individe the death. Do not enter the mode of dying, such as cardiac or respiratory errest, individe the death. Do not enter the mode of dying, such as cardiac or respiratory errest, individe the death. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate as series or conditions and the death. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate as series or conditions and the death. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate as series or conditions and the death. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate as series or conditions and the death. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate as cardiac or respiratory err	Depariment in position of the contract of the		21. Signeture of Funeral Servica Licans	mese 1	11085	ALEXANDE	R S. POPI			MD.	20747
Described to medical exeminer?    23b. Did tobacco use contribute to the cause of determined   23b. Did tobacco use contribute to the cause of determined   24b. Were eutopsy finding exeminer   24b. Were eutopsy finding exeminer   25b. Wes case referred to medical exeminer   25b. Wes case re	/Medical Examiner	Examiner	disease or condition resulting In deeth)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	)	Due to (or es e	consequence of):	CANCE	R			Onset end Deeth
24e. Wes en autopsy performed?  24b. Ware autopsy performed?  24c. Wes en autopsy performed?	deeth certifications of for use as		resulting in death) Lest	l			ren in Pert I.	23b. Did to	obacco uée con	tribute to	the cause of death?
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29e. Certifier (Check only one)  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.	ecords aw requires as been sign 2 should be							24e. Wes e	en eutopsy med?	eva	ileble prior to
29e. Certifier (Check only one)  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.	The The page	Con						1 🗆 Y	es 2 <b>X</b> No	1 🗆	Yes 2□ No
29e. Certifier (Check only one)  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.	VICIAN: Idelan: Certifii rector		exeminer?	lospitel:		Ott	OF:				
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GSCLLabra MD MD 000 20 384 8[13]97  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)  G. S. CHHABRA (C-2151, 110 TRUING STREET, WASHINGTON OC  State 31. Dete filed (Month, Day, Yeer) 32, Registrar's Signeture	DIVISI	Sertifica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injubuilding, etc	ury - At home, f c. (Specify)	arm, street, factory, office		28f. Location (Si City or Town	treet end Numbe n, Stete)	er or Rurei	Route Number,
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State 31. Dete filed (Month, Day, Yeer) 32, Registrar's Signeture	6						ZEETILA	ISH IN G TO			
		_	31. Dete filed (Month, Day, Yeer)	32, Registra	ar's Signeture		, , ,				

State of Maryland / Department of Health and Mental Hygiene 25687 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Μ. COLEMAN Month 1997 9:30 am August 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Johns Hopkins Hospital Baltimore If Under 1 Year If Under 24 Hrs. 6. Dete of Birth (Month, Day, Year) April 25,1934 Pennsylvania 7. Age (In yrs. lest birthdey) 1□ M 2⊠ F Deys Hours 63 Yrs. 228-38-7992 County VA Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. tnside City Limits Washington DC 1X Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 767 Princeton Place NW 20010 USA 12. Was Decedent Ever in U,S. Armed Forces?

1 Yas 2 No Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) Race - American Indien, Biack, Whita, etc. 1 □ Never Merried 2 □ Married 1 Yas 2 No Specify: Black If Yes, Give Yaar or Detas: 3 XWidowed 4 Divorced 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Lemon Reynolds Eva Ramsey 19e. informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Deborah K. Campbell/Daughter 6120 Breezewood Drive \$204 Greenbelt MD 20770 20b. Piece of Disposition (Neme of 20c. Location - City or Town, State cometery, crematory or other pleca)
Forest Hill Mem Garden 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovai from State 8/15/97 Clinton, MD 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Foreral Service Licens 22. Nama and Address of Fecility Robert G. Mason Funeral Home 1661 Good Hope Rd SE Wash DC 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximete intervei Batwe Onsat and Death Acute Myelogenous Leukemia 5 Days Due to (or es a consequence of): Right Middle Cerebral Artery Stroke 3 Days Due to (or es a consequence of): Due to (or es a consequance of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Was an eutopsy performed? 1□ Yas 2 No 1 Yes 2 No 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospitel: 1 Anpatiant 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 29c. Licansa number 29b. Signatura and title of certifian 29d. Data signed (Month, Day, Year) August 14, 1997

RES-000

P.O. Box 68760. Records, Division of Vital

Physician

/Medical

Examiner

**Funeral** 

Director

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7 is marked other than "natural", or items 23s or 28s-f shot traumatic avant, the Medical Examinar must be notified at

permit. Peges 1 and 2 should be file Department of Heelth end Mental Hy Important: if them 27 is marked othe any linury or other traumatic avant. Otics.

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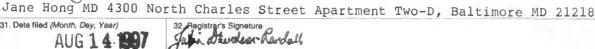
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certificate Attending Physician: r death. this funerai After 24 hours after death. Funersi Director: A filled in by To the Hospital within 24 hours a To the Funersi C completely





31. Dete filed (Month, Dey, Year) State AUG 14-139 Registrar



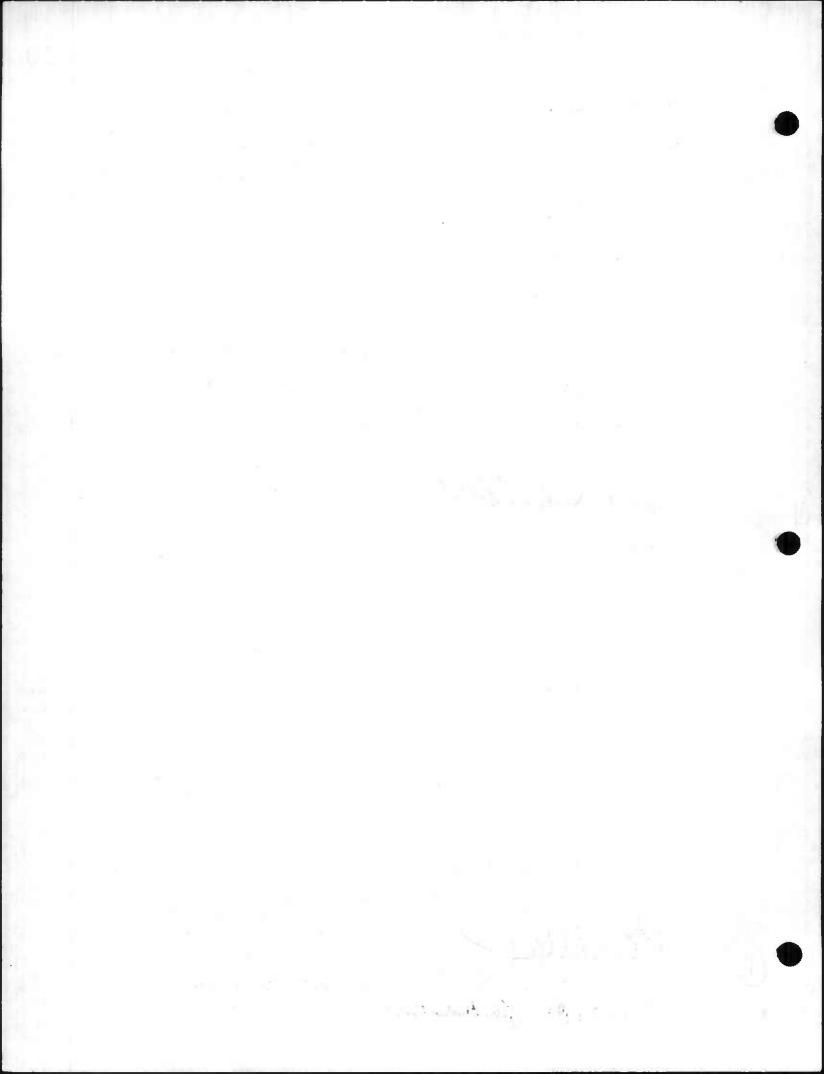
30. Name and address of person who completed cause of death (item 23a) (Type, Print)

**DHMH 16 Rev 6/95** 

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					Cert	ificate d	of Deat	h		Reg. No.	,	20000
Physic	ion	Decedent's Name (First, Middle,							2. Date of De	eath Day	Year	3. Time of Death
/Med		DOROTHY D. CARE					,		8/11	./97		9:30PM
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Funeral Director		5. Social Sacurity Number 579-07-5686  Usual Residence of Decadent	. Sax 7. 1 ☐ M 2 ☑ F	Aga (In yrs. last		If Undar 1 Y. Months Da	aar if Unders	Min.	8. Data of Bir (Month, Da 1/18/1	th ay, Year)	9. Birthi Cour WASHI	place (State or Foraign http) NGTON, DC
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ith the Ma or 28a-f	Director	10e. Street and Number				10f. Zlp Coo	de			10g. Citizen of	What Cour	ntry?
th will	a D	1630 VARNUM PL	ACE NE				20017			U	SA	
or items 23a	Funeral	11. Maritai Status	12. Was Deced	ent Ever in U,S.	13. Wa	as Decedent	of Hispanic C	orlgin? (Sp	ecify Yas or No Ricen, etc.)	)- 14. Ra	ca - Americ ck, White,	
0	by	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorcad		<b>™</b> No		□Yes 2¶			110011, 010.7		y: BLA	
15-00 72 hours natural;	Completed	15. Decedent's (Specify only highest of		1	6a. Deceder	nt's Usual Oc	ccupation one during mo stired)	st of work	Ing	16b. Kind of B	usiness/In	dustry
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d be and of o	Be C	MARYLAND PEDIF					10. 19100		IE SHEL		ite)	
Maryland 2 d 2 should be filed th and Mental Hygi 7 Is marked other traumatic event,	To	19a. Informant's Name/Relationship		1	19h Mailing	Address /St	met and Num			er, City or Town	State 7in	Code
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Baltimore, semit. Pages 1 e Separtment of Hea moortant: If Itam: iny Injury or othe mice.		20a. Method of Disposition 1 Burlal 2 ☐ Cramation 3	☐Ramoval from St		etery, crama	tion (Name o tory or other	place)	8/16	5/97	20c. Location	- City or To	own, State
T a set y	1.5	4 Donation 5 Other (Spec	eify)				PARK	CEMET		LANDOV	ER, M	D.
Baltimore, permit. Pages 1e Department of Hei Important: if Itam any injury or othe		21. Signature of Funeral Service Lic	mil	2/	22.1	Name and Ac	drass of Fac	JOH		INES CO		
10.		23a. Par 1. Enter the disease, or co	mplications that cau ly one cause on eac	used the death. E	Do not entar	tha mode of	dylng, such a	s cerdiac	or respiratory a	rrest,		Approximata Interval Between
Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)	a. ACU	TE CEREE	- 21-1		ACCIDE	ENT			1	Onset and Death  3 DAYS
58760, icata be executed physician and s the buriel-transit	an and riel-transit Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. ATH	EROSCLER Dua to (or as		•	AR DIS	SEASE			1	YEARS
2 20	/Medical	that initiated events resulting in death) Last	c	Due to (or as	a conseque	nca of):						
O. Box na death cert the attending	Physician/	Part II. Other significant conditions	contributing to deat	th but not resultin	g In the und	erlying cause	given in Par	11.	23b. Dld	tobacco use co	ntribute to	the cause of death?
P.O.		DIABETES MELLIT	JS (TYPE	II)					1 🗆	Yes 2 No	3 Pro	bably 4 Unknow
<b>(7)</b> 9 5 8	ρ											
D Legen	Completed									an autopsy ormed?	av	era autopsy findings aileble prior to mpietion of cause
Rec elew has b	Id I								1.0		of	death?
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of Vita Physician: this certific ral director,	Be	25. Was case referred to medical examiner?	Hospital:	ayar - Low			28. Ple	ce of Death	h (Check only o	one)		
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Di To the Hospital or within 24 hours eft To the Funeral Dir completely filled in	edical (	29a. Certifier (Check only 2 Medical Ex	hysician: To the be miner: On the basis and manner	s of examination	dge, death o and/or inves	ccurred at the	e time, date a ny opinion, de	nd pleca, ath occurr	and due to the ed at the time,	cause(s) and m date and place,	anner as si and due to	tated. the cause(s)
To the fo the comple	M	296. Signature and title of certifier	Dih				ense numbar .2780			29d. Data signa 8/12/9	d (Month,	Day, Year)
(15)		30(Name and address of person who	completed cause of	of death (Item 23	a) (Type, Pr	int)		X. 1			10.1	
		PETER SCHISSLI	ER, MD, 7	500 GREE	NWAY	COURT	DRIVE	#430	, GREEN	BELT, M	D	
Sta Regista		31. Date filed (Month, Day, Year)  AUG 1 4.19	97 July	istrar's Signature	Rardall							

DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene 9 7 2 5 6 8 9

						Cert	ificate of	Death	F	leg. No.	1 4 0	000
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dand dand			County		10c. City,	Town or Loca	ation				10d. li	nsida City Limits
Man Man	ţō	Md. P.	G.		Fort	Wash	ingtor	1			1	Vas 2□No
h the	Director	10e. Straet end Number			1		10f. Zip Coda			log. Citizan of	Whet Country?	
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r dea	Funeral	11. Mentel Status		12. Wes Decedent Armed Forcas?	Evar in U,S.	13. W		Hispenic Origin? (	Specify Yes or No- rto Rican, atc.)	14. Red	ce - American in ck, Whita, etc.	idian,
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	ete	15. E (Specify on	ecedant's Ed	ucation da com <i>plated</i> )		16e. Deceda	nt's Usual Occu	upation a during most of wo	orkina	16b. Kind of B	usinass/industr	у
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Box eath cert attendin				d								
	Physician/	Part II. Other significant	conditions co	ntributing to death b	ut not rasultir	ng in the und	arlying causa g	ivan in Part I.	23b. Dld te	obacco use co	ntribute to the	cause of death?
P. hat the deby detac									1 🗆 Y	as 2 No	3 Probably	4 Winknown
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State of Maryland / Department of Health and Mental Hygiene

25690

CONTRAL AVE. MITCHELVILLE, 20721

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Gladys M. Crawford 7,1997 Aug. 5:30 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince George's Hospital Center Cheverly Prince George's 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Dala of Birth (Month, Day, Ye 3/11/40 Birthpiace (State or Foraign Country) **Funeral** 1□ M 2□XE Days 579-58-3402 57 Yrs. Director Wash., D.C. Usual Rasidenca of Decedani 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at P.G. Md. Seat pleasant Director 1 NYas 2 No the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7110 Fresno Street 20743 U.S.A. death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Race - Amarican Indian, Black, White, etc. 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Black p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) P.G. Co. permit. Pages 1 and 2 should be filed wit. Department of Heelth end Mental Hygiens Important: if item 27 is marked other than any injury or other traumatic event, that pages. Supervisor School System 12th 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be James Thompson Doris Bush 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) David L. Crawford/Husband Same as # 10 above 20b. Piece of Disposition (Name of cemetery, crematory or other piece)
Harmony Mem. Park 8/15/97 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from Stata Landover, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility
H.S. Washington & Sons, Inc.
4925 Burroughs Ave., N.E. 21. Signature of Funeral Sarvica Licensee 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrasi, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsei and Death **Physician** ACUTE BILATERAL PULMONARY CHEOLI /Medical Immediaia Cause (Final 412440 disaase or condition resulting in death) Examiner Due to (or as a consequenca of):

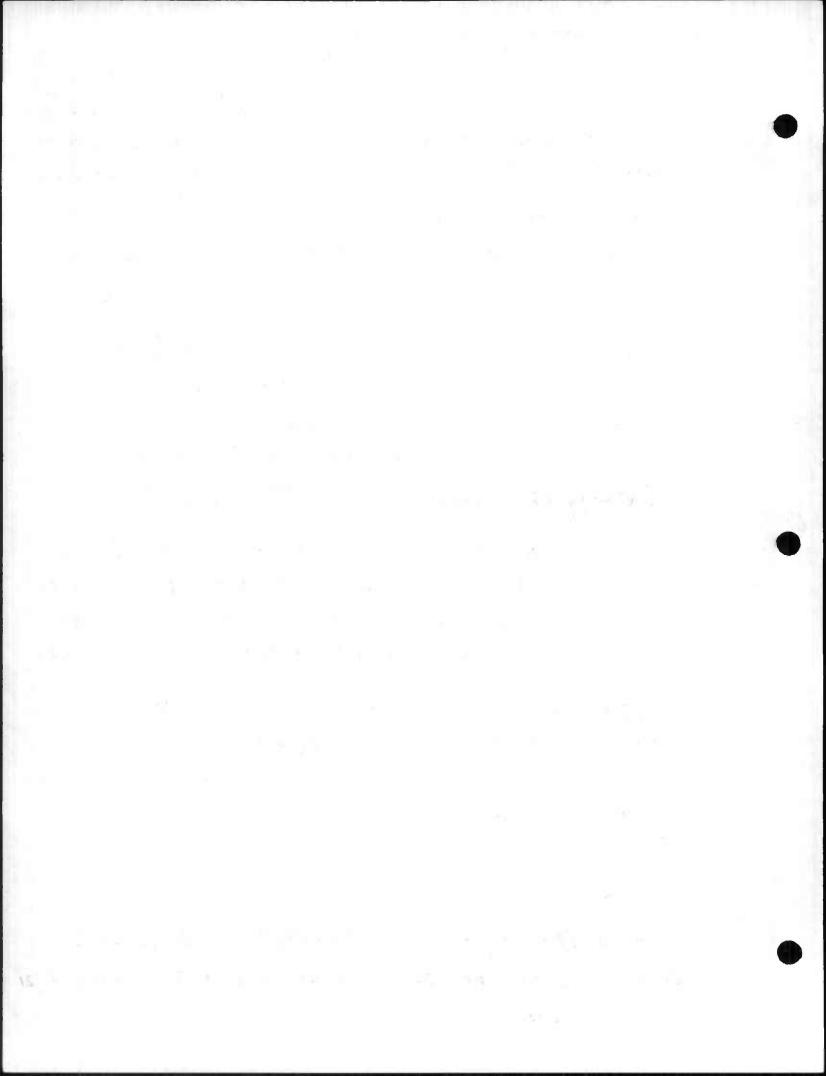
RECENT PULMUNARY EMBOLI Examiner certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequanca of): THROMBOSTS VONUUS P.O. Box 68760, Physician/Medical use as for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? INFARCTION MYOCARDIAL 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 CORONARY BYPASS SURGERY Completed 24b. Were autopsy findings available prior to 24a. Wes en eutopsy performed? completion of causa of death? certificate hes lirector, page 2 s 1 XYes 2 □ No 1 Yes 2□ No Division of Vital Hospital or Attending Physician: 24 hours after death. Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Hospitai: Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Yas 2 No Certification: To 1 Mnpatieni 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of After 5 Pending investigation 1 Neturat 2 Accident 1 Yes 2 No Director: / 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital o within 24 hours aff To the Funeral DI completely filled in edical tel Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signature and title of certifier 29s Licansa number 28/95 29d. Date signed (Month, Day, Year) 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Dete filed (Month, Dev. Yeer) 32. Registrar's Signature

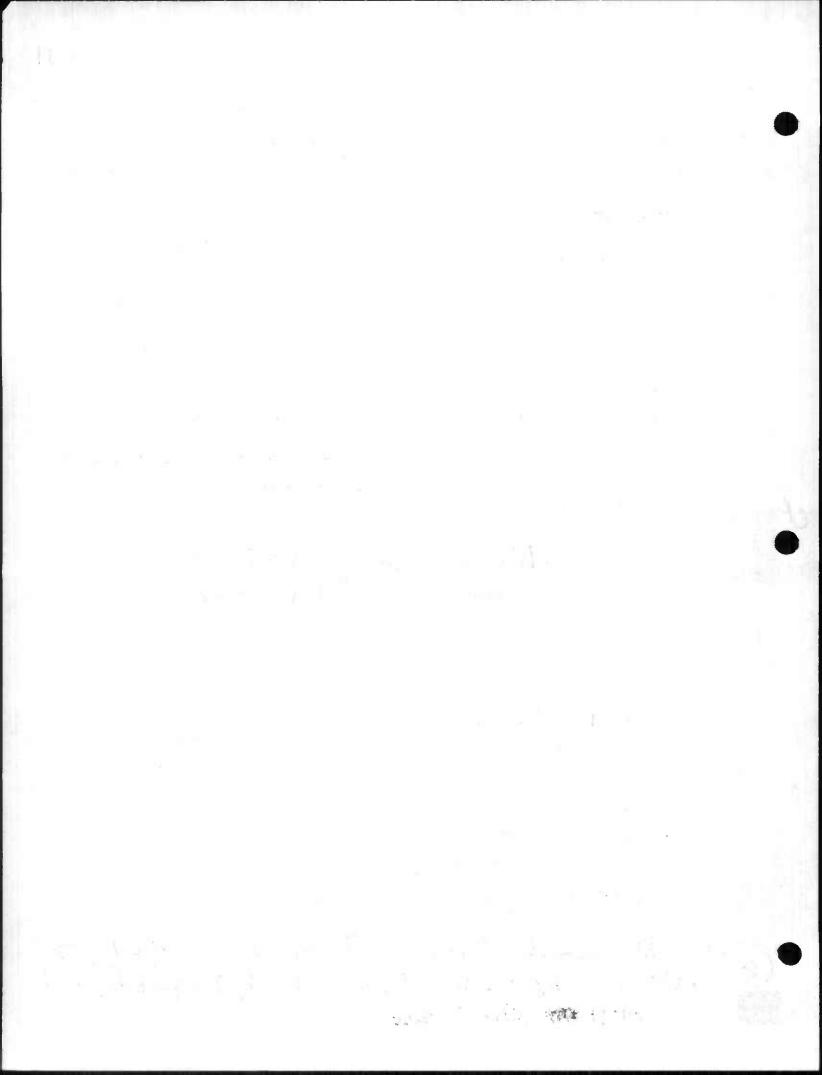
Jalin Savelor Restall AUG 15



State of Maryland / Department of Health and Mental Hygiene 97 25691

				Cei	rtificate of	Death	F	Reg. No.		20031
Phys	ician	1. Decedent's Name (First, Middle, Last)					2. Date of Dea	ith	Year	3. Time of Death
	dicai	Alice M. Caton					August	_	97 <sup>Year</sup>	12:01 AM
Exar	niner	4a. Fecility Neme (If not institution, give street end numb				4b. City, Town, or l	Location of Deeth			orge's
		Southern Maryland Hospit  5. Social Security Number 6. Sex 7.	Age (In yrs. las	t hirthday)	if Under 1 Year		R Date of Birth	Princ		0
Funer Directe		577 36 4453 1 M 2 X V Usual Residence of Decedent	68	Yrs.	Months Days		8. Dete of Birth (Month, Day July 9	, Year) 1929	Virg	lace (State or Foreign try) inia
h the Maryland r 28a-f ehow	ctor	Maryland Prince George's	Bowi		cation				1	0d. Inside City Limits  Yes 2 □ No
23a or 24	Funeral Director	10e. Street and Number 12411 Skylark Drive			10f. Zip Code 20715	j		10g. Citizen of United		
21215-0020  within 72 hours after death with the Maryland gjene.  writen "natural", or flams 23a or 28a-f ahow in Marcial Examiner must be notified at	b	11. Meritai Status  1 □ Never Married 2 □ Married  1 □ Never Married 2 □ Married  1 □ Yes Xir  1 □ Yes Xir  1 □ Yes Xir  1 □ Yes Qive Yeer or Date	es? ⊠ No		Was Decedent of f Yes, specify Cul I ☐ Yes ※ XX No	Hispanic Origin? (S ean, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Rad Bla Specif	ca - Americ ck, White,	etc.
15-002 n 72 hours "natural",	Completed	15. Decedent's Education (Specify only highest grade completed)	1	6a. Deced	lent's Usual Occu	pation during most of world)	kina	16b. Kind of B	usiness/Ind	lustry
121 vithin ne.	Jd L	Elementery/Secondary (0-12) College (1-4	or 5+)			ed)	Na iy			
d 2 Hygie ther t	ပိ	12 17. Father's Name (First, Middle, Last)		Home	maker	18 Mother's Nam	ne (First, Middle,	Own H		
ld be sed o	To Be	William Benjamin Harris					Emma Ba		ne)	
Maryland to 2 should be file the and Mental Hy 77 is marked other traumatic event.	F	19a. Informent's Name/Reletionship (Type, Print) Linda Jones Daughter		19b. Mailin 12411	g Address (Stree Skylar)	tand Number or Ru C Drive Bo	ral Route Number Owie Mar	r, City or Town, yland	State, Zip 20715	
Baltimore, Maryland 21215-0 pemit. Pagas 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than 'naturally injury or other traumatic event, its Mescall		20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □ Removal from Sta  4 □ Donation 5 □ Other (Specify)	cemi	etery, cren	sition (Neme of natory or other pla	ery Augus		20c. Location		
Baltill permit. F Departm Importar any Injur	OUCe.	21. Signature of Furneral Service Licensee	Jocaa	22	. Name and Addr					1102 y 20110
		23a. Part1. Enter the disease, or complications that caus shock, or heart feilure. List only one cause on each	and the death of	16	000 Anna	apolis Rd	. Bowie	Marylar	nd 207	715 Approximate
by Co. Box 68760,  That the death cartificate be executed  was a stending physician and detached for use as the burial-transit	Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to Immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last  d.	Due to (or as	e conseq	uenca of):	Caro Tuw	inow	,		Onset end Death
P.O. B that the deatl ed by the attr datached for	Physician/	Part II. Other significant conditions contributing to death	but not resultin	g In the un	derlying cause gi	ven in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
S, P. es that the igned by be dated		Hyperlew	1100				1□ Y	es 2 No	3 Prob	ably 4 ☐ Unknown
cord requir	Completed by						24a. Was a perfor		cor	re autopsy findings ilable prior to npletion of cause leeth?
The lav	E O						1 🗆 Y	es 2 No	1	Yes 2□ No
Vital I	Be	25. Was case referred to medical exeminer?				26. Plece of Dea	th (Check only on	ne)		N=
of Vita Physician: this certific ral director,	2	1 ☐ Yes 2 No Hospital: 1 ☐ Inpa	itient 2□ER/	/Outpetien	3□ DOA Oti	her: 4 Nursing H	ome 5 - Reside	enca 6 Oth	er (Specify	)
Jing After funa	Certification:	2 Accident investigation	njury 28i Da <i>y Year)</i>	b. Time of Injury	28c. Inju Wo M 1	nyat rk?  Yes 2 □ No	28d. Describe ho	ow injury occur	red	
Division tall or Attenders after death all Director:	Certific	3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Place of building,	Injury - At home etc. (Specify)	, farm, stre	et, factory, office		28f. Location (St City or Town		per or Rura	Route Number,
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one)  1 ☐ Certifying Physician: To the besisend manner	of examination	dge, death and/or inv	occurred et the ti estigetion, in my	me, date and pieca, opinion, deeth occur	end due to the co red at the time, d	euse(s) end ma ate end placa,	anner as stand due to	ated. the cause(s)
To the within 2 To the comple	M	29b. Signeture end title of certifier	n. T	>	29c. Licens	LUO 2	20	9d. Dete signe	d (Month, L	Day, Year)
6		30. Name and eddress of person who completed cause of	M. D	3:	rint) 710 RI	WAR S	f Te	uflel	tell	nd
S Regis	tate trar		strer's Signeture							

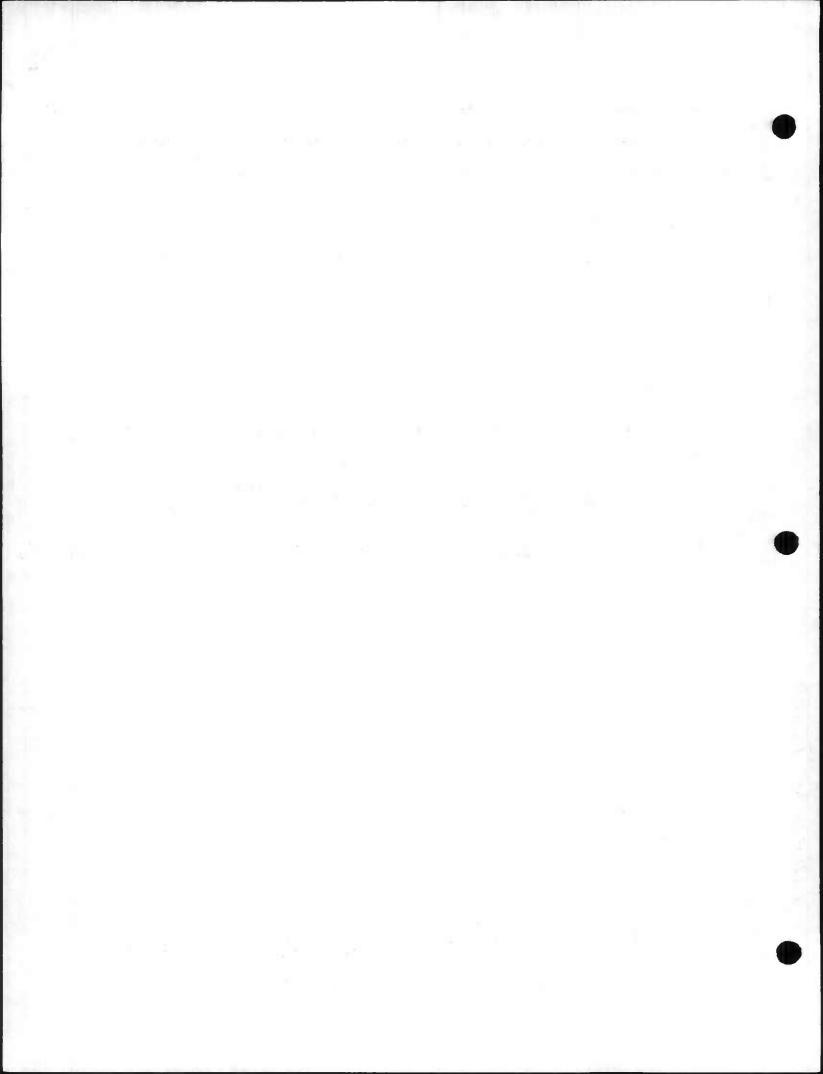
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State of Maryland / Department of Health and Mental Hygiene 97

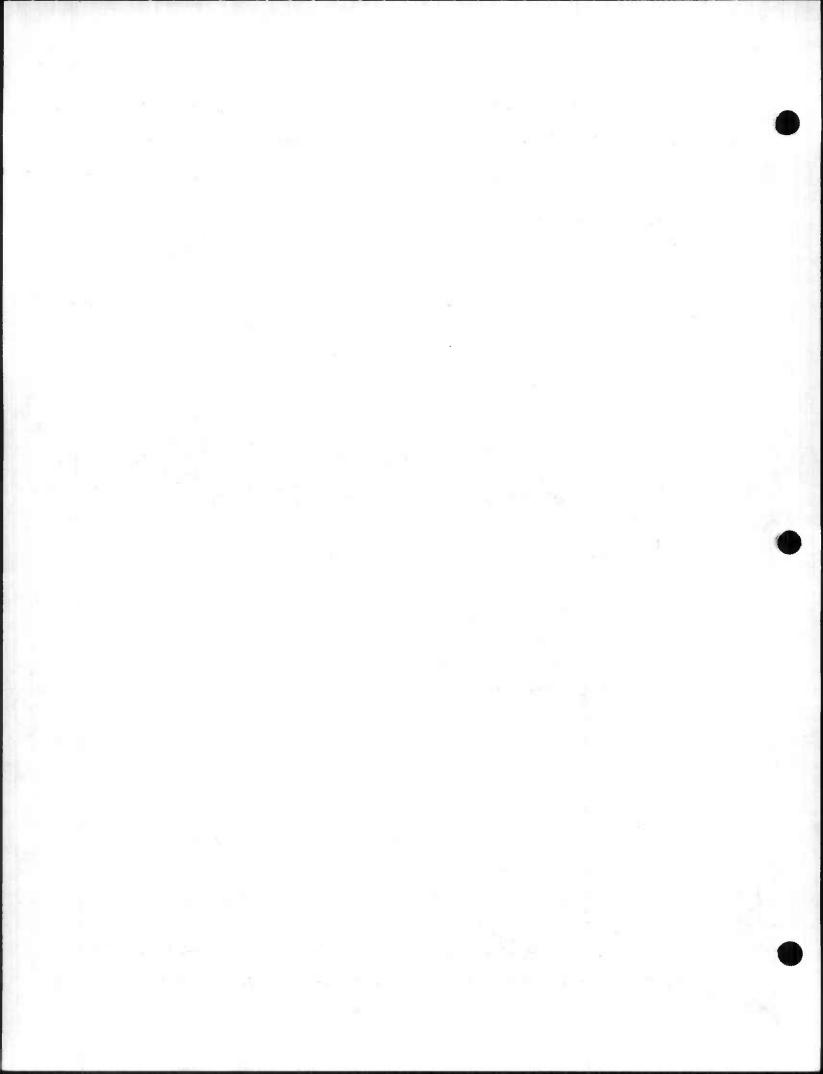
97 25692

						C	ertificate d	of L	Death		Reg. No.		20072
			1. Decedent's Name (First, Midd	de, Last)						2. Date of De	eeth		3. Time of Death
	Physic /Modi		Lawrence Edwa	ard Demb	y Sr.					AUGUS	T 13	1997	1:30AM
	/Medi Examii		4e. Facility Neme (If not institution					48	b. City, Town, or			ity of Deeth	
	- LAGIIII		MEMORIA			EASTO	N	F	EASTON		TAL		
	Franci		5. Social Security Number	6. Sex		vrs. lest birthde		-	If Under 24 Hrs	. 8 Date of Bi		_	place /State or Foreign
	Funeral Director		215-38-0828	1⊠M 2□ F			Months Da	ays	Hours Min.	8. Date of Bi (Month, D			place (Stete or Foreign intry)
	Director		Usual Residence of Decedent		))		1			Jan.1,	1942	Mary	yland
	and and		10a. State 10b. Count	у	100	c. City, Town or	Location						10d. Inside City Limits
	Aary	ō	Manual - 1 V - 4										1 □ Yes 2 No
	the h	Director	Maryland Kent  10a. Street and Number	•		chester		400			10 000		
	E 6 E	급	TV2. Street and Number				10f. Zip Cod				10g. Citizen o	Whet Cou	intry?
	death with the Maryland ms 23a or 28a-f show	rai	121 Hynson Ros	ıd			216				USA		*
	er de	Funeral	11. Marital Status	Armed	ecedent Ever Forces?	In U,S. 1	<ol><li>Was Decedent If Yes, specify (</li></ol>	of His Cubar	spanic Origin? (S n, Mexican, Puer	Specify Yes or No to Rican, etc.)	0- 14. R	ace - Ameri leck, White,	
20	or I	YF	1 Never Married 2 Ma	H Yes	s 2 12 No Give		1 □ Yes 2 12		Specify:		Spec		
00	iref.	d by	3 Widowed 4 Divorce		r Dates:							" B1	lack
לי	72 h	Completed	15. Deceder (Specify only higher	nt's Education est grade complete	nd)	(Gi	cedent's Usual Oc ve kind of work do	one di	uring most of wo	rkina	16b. Kind of	Business/In	ndustry
2	ithin	du	Elementary/Secondary (0-12)	College	e (1-4or 5+)	life	. DO NOT use re	etired)					
2	ygie v	S	10th			Mas	onary -				Constr		n
pu	H off	Be	17. Father's Name (First, Middle						18. Mother's Nar	me (First, Middle	, Meiden Sume	e)me)	
<u>a</u>	uld t Mant	2	Leon Demby Sr	•					Dorothy	Hyson			
Maryland 21215-0020	sho and m	ľ	19a. Informent's Neme/Relation	ship (Type, Print)		19b. Ma	iling Address (St	reet e	n <i>d N</i> um <i>ber</i> o <i>r R</i> u	ural Route Numb	er, City or Tow	n, Stete, Zi	p Code)
Σ	alth alth		Lawrence Demby	Jr. (s	on)	121	Hynson	Pos	ad Char	+	Marrila	-1 21	620
9	f He frem		20a. Method of Disposition		20	UD. Placa of UIS	position (Neme o	37		Date	20c. Location	Oity or T	own, State
30	age ent o ft: If y or		1 Bunal 2 □ Cremation 4 □ Donetion 5 □ Other (				asant Ce	,	,	0/16/07	D	M.	1
Baltimore,	artm artm injur		21. Signature of Funeral Service			it. Tie	22. Name and A			8/16/97	rondto	wn, Ma	ryland
Ba	Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Manial Hydisea. Important: If them 27 is marked other than "naturel", or items 23a or 28a-f show eny injury or other traumatic event, in Medical Examinational be notified at once.		2 11 Orginatare of Fariotal Contra	- Courting of			Bennie			uneral	Home		
			1-1			_			1687, E			d 216	01
			23a. Part1. Enter the disease, o shock, or heart failure. Lis	r complications the fonly one couse o	et caused the one of the control of	death. Do not e	enter the mode of	dying	, such es cardia	c or respiretory a	rrest,		Approximate Interval Between
	Physician			1/-									Onset end Death
	/Medicai Examiner		Immediate Cause (Finat disease or condition	He	ad t	neek	can	ce	V			/	Ountes
	-Autilities	_	resulting in deeth)			to (or as a cons						-	
-	D 45	ine		- 5									
	and train	Examiner	Sequentielly list conditions,	<b>C</b> 0.	Due	to (or as e cons	equenca of):					1	
0,	be executional distribution and burial-tra-		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Leat	,								1	
68760,		Medical	that initiated events resulting in death) Last	c	Due t	to (or as a cons	equence of):						
	artificate ding phys	Jec	Tooling in doubly 2000										
Box	9 5 5			d								<u> </u>	
3 .		Physician	Part II. Other significant condition	ons contributing to	death but not	resulting in the	underlying cause	e nive	n In Pert I	23h Did	tobacco use o	ontribute (	to the cause of death?
80	t the di by the tached	hys		one continuating to	dodin but not	rosaning in the	underlying cause	o givo	THE COLUMN		Yee 2□No		obably 4 Unknown
EM Cash	2 pp	by P								104	100 2 NO	3 PIO	Dabiy 4 Diknown
DE!	uires Jid be									24a Was	an autopsy	24b. W	Vere autopsy findings
( ) 0	pe de short	ete									ormed?	6/	vallable prior to ompletion of cause
96	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Completed										of	f deeth?
	an: The officials h for, page	8								1 🗆	Yes 2 No	11	☐ Yes 2☐ No
Nital Vital	iclan: centific rector.	Be	25. Was case referred to medica exeminer?	ıl					26. Plece of De	ath (Check only	one)		
35	E 0 0	To	1 ☐ Yes 2 ☑ No	Hospital:	Inpatient :	2 ER/Outpat	ient 3 DOA	Other	r: 4 Nursing H	lome 5 ☐ Res	Idenca 6 🗆 O	ther (Speci	ify)
URENCE Vision of Vita	g Phy terthi		27. Menner of Deeth 1 ☑Natural 5 ☐ Pendir		te of tnjury onth, Dey Yea	28b. Time	of 28c. t	tnjury Work			how tnjury occi		
× 0	ath. r: After se fune	atic		getion	, 20, 702	.,			es 2□No				
WURE Division	Atte	ific	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	not be	ica of Injury - /	At home, farm,	street, factory, off	fice		28f. Location	Street and Nun	nber or Rur	ral Route Number,
20	다 마이트 마이트 마이트 마이트 마이트 마이트 마이트 마이트 마이트 마이트	Certification:	4 - Hornicide	Bui	iding, etc. (Sp	өспу)				City of 10	wn, Stete)		
7	pospital hours uneral hy filled		29a. Certifier 1 Certifyin	ng Phyelclan: To t	he best of my	knowledge, de	eth occurred at th	ne time	e, date and place	, and due to the	cause(s) end r	nenner es t	stated.
	五 2 正 2	edical	(Check only 2 Medical one)	Examiner: On the	basis of exam anner stated.	nination and/or	Investigation, In n	my opi	Inion, death occu	rred at the time,	date and place	, and due t	to the cause(s)
	within 2 To the comple	Ž.	29b. Signature and title of pertitle	s/ D	1		29c. Lic	cense	number		29d. Date sign	ed (Month,	Dey, Year)
	F 5 F 0		· Duril	HAMA	4		君	77	9801		2/15/	91	
		-	, O.W. W	1 000			0	1	100/		0/13/	17	
			30. Name and address of person						26	1 01 (0)			
			David H. Smith,				., East	on,	Marylar	nd 21601			
0.000	Sta		31. Date filed (Month, Dey, Year)		Registrar's S	ignature	_						
	Registr	ar	AUG 15	1997	justant	Tavidson-1	fandale.						



State of Maryland / Department of Health and Mental Hygiene 97 25693

					Ce	rtificat	e of	Death			Reg. No.		4000	
Physic	ion	1. Decedent's Neme (First, Middle,								2. Dete of De		Yeer	3. Time of D	eeth
/Medi		Nat	chan E.	Dooley						August		97	10:261	PM
Exami		4e. Fecility Neme (If not institution, g	rive street and nu	mber)				4b. City, To	wn, or L	ocation of Deet		ounty of Deel		
		10723 St. Paul	Street					Kens	ingt	on	1-0	Montgo	omery	
Funeral Director	Г	5. Sociel Security Number 213-40-9204	Sex 1⊈M 2□ F	7. Age (In yr	s. last birthday Yrs.	Months Months		if Under Hours	24 Hrs. Min.	8. Date of Bin (Month, Di Aug. 18	th ay, Year) .1941		hplece (Stete or Fountry) hington,	
-		Usual Residence of Decedent  10a. State 10b. County		10- 1										
e ta	-			100. (	City, Town or L								10d. inside City	
- He	Directo	Maryland Montgor	nery		Ke	ensing							1 X Yes 2	: [] NO
De n	ä	10e. Street end Number	7 An An			10f. Zip		_				n of Whet Co		
23	era	10723 St. Paul S		adont Even in	11.6 12		089		-1-0 (0-			ed Sta		
lal Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Experienc must be notified at	by Funeral	Never Merried 2 Married     Never Merried 2 Married     Never Merried 2 Married     Never Merried 2 Married	12. Wes Dece Armed For 1 Tyes If Yes, Giv Year or D	rces? 2X No /e	0,5.	if Yes, spec		Specify:		ecify Yes or No Rican, etc.)		. Race - Ame Bleck, Whit pecify:		
n "natural", o	ted	15. Decedent's (Specify only highest of	Education		16e. Deca	dent's Usue	ei Occup	oetion	t of work	ina	16b. Kind	of Business/	Industry	
Men.	Completed by	Elementery/Secondary (0-12)	College (1	1-4or 5+)	life.	kind of wor DO NOT us	se retire	d)	. OI WOIK	mry				
ygiene. er then it, ine M	S	12			Comp	outer	Pro	gramme	er		US G	overnm	ent	
h and Mental Hygiene. 7 is marked other than traumatic event, ire Me	Be	17. Fether's Neme (First, Middle, La.						18. Mothe		e (First, Middle				
	2	Benjamin C.	Dooley						Ma	rgaret	Carte	r		
aaith and Mer n 27 is marke er traumatic		19a. Informent's Neme/Relationship				_				al Route Numb	-			
Health em 27 i		Anne D. Pollock	Daught					ill Dı	rive	, Laure	1, MD	2070	7	
Department of Health Important: If Item 27 any Injury or other trong.		20a. Method of Disposition  1 Burial 2 XCremetion 3  4 Donetion 5 Other (Spec		Stete	Plece of Disp cemetery, cre ontgome	metory or o	ther ple	œ)Augu toriu	ıst I	10,1997 nc.		tion-City or sda, M	Town, Stete	
Departi Importi any Inj		21. Signeture of Funerel Service Lic	P. KIT	моо	Be	thesd	la-Cl	nevy (	Chase	ert A. e, Inc. 20814-	, 755	rey Fu 7 Wisc	neral Ho onsin Av	ome,
		23a. Part1. Enter the disease, or co shock, or heart feiture. List on	mplications that c	aused the de									Approximete	
ysician		arous, or right fordro. Electric	y one cause on e	out into.									Onset and Dec	
Medical kaminer		Immediate Ceuse (Finel diseese or condition	Hv	perten	sive He	art D	)isea	ase				1	10 years	
		resulting in death)	θ		(or es e conse								10 years	
-	ner				(0.00000000	queriou oij.								
n end ial-transi	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b. ————	Due to	(or es a conse	quence of):								
ettending physicien end for use es the burial-transit	edicai	Cause (Disease or Injury that thitlated events resulting in deeth) Lest	C	Due to	or es e conse	quenca of):						t l		
endin r use	M/ue		d											
ned by the ettendi	Physician/	Pert II. Other eignificant conditione	contributing to de	eth but not re	sulting in the	nderlying ca	ause giv	ren in Pert I		23b. Dld	tobacco ua	e contribute	to the cause of c	death?
by the	Phy	Hyperlipidemia								10	Yee 2 💢	No 3 Pr	obably 4 Un	nknow
0.0	by	пуреттричения												
hes been s ge 2 should	Completed										en eutopsy rmed?		Were eutopsy find evailable prior to completion of cau- of deeth?	
	mo:									10	Yes 2 📉	No .	Yes 2 No	0
	Bec	25. Wes case referred to medical						26. Place	of Death	n (Check only o	one)			
es 10	ToE	exeminer? 1∭ Yes 2□ No	Hospitel:	npatient 2[	] ER/Outpetie	nt 3 DO	Oth	or		me 5 X Resi		Other (Spec	cifv)	
h. After this funeral di		27. Menner of Deeth  1 X Natural  2 Accident  5 Pending Investigetia	28a. Date of (Mont	of Injury h, Day Year)	28b. Time o Injury		8c. Injur Wor			28d. Describe			,	
within 24 hours effer deat To the Funeral Director: completely filled in by the	Certification:	3 ☐ Suicide 6 ☐ Could not determined	ZOO. PIECA	of Injury - At Ing, etc. (Spec	nome, ferm, st	reet, fectory,	, offica			28f. Location ( City or To	Street end I vn, State)	Number or Ru	ral Route Number	r,
n 24 hours he Funeral pletely filled	edical (	29a. Certifier (Check only one) (Check only one) (Check only one)	hyalcian: To the miner: On the ba end menr	sis of examin	owledge, deet ation and/or in	h occurred e vestigation,	et the tin	ne, date an pinton, dea	d plece, a	and due to the ed at the time,	cause(s) en date and pt	d manner as eca, and due	stated. to the cause(s)	
To the comple	X	29b. Signeture end title of certifier	/			29c.	. Licens	e number			29d. Dete s	igned (Month	n, Day, Year)	
D		1 River	Woll	8	an		D09	577			Augus	t 5, 1	997	
		30. Neme end eddress of person who	67	a of death (Ita	m 23a) (Tuna		20).	- 1 1			110503	- J, I	,,,	
		The second of person will		- a annui lug	( , ) ha'									
		Richard H. Polle	en, M.D.	. 10400	Conne	cticu	t Av	enue.	#60	06. Ken	singt	on. MD	20895	



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 7

			Decedent's Nem	e (First, Middle L	ast)		•	Certificate	e of	Death	2. Dete of De	Reg. No.		3. Tima of Deeth
	Physici /Media		ANI	VA	M		Do	DLAN	J		Month August	10, 19	Year 97	11:55 PM
	Examir	ner	4e. Fecility Neme (/	f not institution, gi n Hospit		um <i>ber)</i>				4b. City, Town, or L Bethesd				
-	Funerai		5. Social Security N	-	Sex	7. Age (In	yrs. last birth	nday) If Under	1 Year	If Under 24 Hrs.	B. Date of Bi		tgome	TY plece (Stete or Foreign ntry)
	Director		214-42-40	JJ4	1□M 2⊠F		75 Y	rs. Months	Days	Hours Min.	Aug 20	, 1921	Wash	ington, DC
	ylend		Usuel Residence of 10a. Stete	10b. County		100	. City, Town	or Location						10d. Inside City Limits
	Ba-f st	ctor	Maryland	Montgo	mery		Bet	hesda						1 ☐ Yes 2 ☑ No
	with th	Directo	10e. Streat end Nur		D 1			10f. Zip				10g. Citizen of		
	ns 23	Funeral	7725 Old	Chester	12. Wes Dec	edent Ever	In U.S.	13. Was Deced	201		pecify Yes or No		ed St	ates cen Indien,
020	permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Manyland Department of Health and Mental Physiene. Important: If item 27 is marked other than "natural", or items 23a or 28=1 show any injury or other traumatic event, the Medical Exeminer must be notified at anote.	by		ied 2 Married	Armed F	orces? 2 🔼 No ive		If Yes, spec		dispento Origin? (Spen, Mexican, Puerto Specify:	Rican, etc.)	Specif	ck, White,	
15-0	natur	Completed	(Spec	15. Decedent's E	ducation rade completed,	)	16e. [	Decedent's Usue Give kind of wor	l Occup	petion during most of work d)	king	16b. Kind of B	Business/In	dustry
212	within then	фшо	Elamantary/Saco	ndary (0-12)	Collega (	(1-4or 5+)	1	emaker	e retire	a)		Own Ho	ome	
Pu	al Hyg other	Be C	17. Fether's Neme		•					18. Mother's Nem	e (First, Middle	, Maidan Sumar	me)	
yla	Ments Ments arked	To		enry Fer						Mario	n Foulk			
Z Z	d 2 sh th end 7 is m traum		19e. Informent's Ne Joseph E			•		-	•	end Number or Run er Road,				
9	f Heal fram 2 other		20a. Method of Disp	position		20				ce)Aug. 14		20c. Location		
imo	Page nent o ant: If ury or			Single Cremetion 3 [ 5 ☐ Other (Special Control of the Control of		State		mery Cre	emat	orium, I	nc.	Bethese	da, M	aryland
Baltimore, Maryland 21215-0020	permit. Departr Importa any inj		21. Signeture of Fu	neral Service Lice	nsee	M	00198	ROBET T	Addre	Pumphrey Dusin Aver	Funeral	Home/B	ethe: Cha	sda-Chevy se, Inc.
Bruch	1100		23a. Part1. Enter the shock, or hear	dissese, or controlly	nplications thet			ot enter the mode	e of dylr	ng, such es cardiac	or raspiretory a	rrest,	I	Approximate Intervel Batween
•	Physician /Medicai Examiner		Immediete Cause ( diseese or condition resulting in daath)	Finel						FARCTI				Onset end Deeth
		Jer			1	1 RO	NAR	onsequance of):	TE	ERY DIS	EASE			
	icete be executed physician end s the buriel-transit	Examiner	Sequentially list con	nditions,	b	Dua	to (or es e co	onsequenca of):					1	
68760,	be exician control		Sequentially list con it eny, leading to Im- cause. Enter Unde Cause (Diseese or that initiated events	rlying Injury	· ATT	HERO.	SCLER	conc Ca	ario	10 VASCU	LAR DI	SEKSE		
	tificete ig phys es the	ledical	resulting in death) L	est		Due t	o (or es e co	ensequence of):						
30X	eath certifii ettending p	Physician/M			d									
500	the et	ysici	Part II. Other signifi				_		_	ven in Pert I.	23b. Dld	tobacco use co	ontribute t	o the cause of deeth?
/ A	that the de ned by the a deteched	by Ph	CHRONIC	COBST	ruct   ve	ELYI	NG D	ISEASE	1	NULTI-	1 🔯	Yes 2□ No	3 Pro	bably 4 Unknown
Records	w requires that the death certificate be exacuted s been signed by the ettending physician end 2 should be deteched for use as the buriel-transit	Completed b	INFARC						/	MOKE		en eutopsy ormed?	6/	/ara autopsy findings yelleble prior to ompletion of cause daeth?
	The law ate has page 2	Com	PNEU	MONIA	4						10	Yes 2 No	1	☐ Yes 2 No
LA Silvani	Physician: The	Be	25. Was case referrexeminer?	ed to medical	Lion-ital.				Tou	26. Piece of Dee	th (Check only	one)		
34.2	this ral di	- To	1 ☐ Yes 2 2		Hospitel: 1 28e. Date	-	2 ER/Outp		-	4 LI Nursing Me		dence 6 Otl		(y)
F io	ath. r: After e funer	atlor	1 Matural 2 ☐ Accident	5 Pending Investigation	(Mor	nth, Dey Yea		jury M	Bc. Injur Wor 1	rk?  Yes 2□No				
Division	Hospital or Attending 24 hours efter death. Funeral Director: Afte stely filled in by the fune	Certification:	3 ☐ Sulcide 4 ☐ Homicida	6 Could not be determined	289. Pleci	a of Injury - / ing, etc. (Sp	At home, farr	m, street, fectory,	, offica			Street end Num wn, Stete)	ber or Run	al Route Number,
AUNA	To the Hospital within 24 hours e To the Funeral Completely filled	edicai C	29a. Certifier (Check only one)	1 Certifying Pi 2 Medical Exam	miner: On the b	best of my easis of exam	knowladge, ninetion end/	death occurrad a or Investigetion,	at the tir	me, dete end pleca, opinion, daath occur	end due to tha	causa(s) end m date end place,	annar as s end due t	iteted. o the causa(s)
	To the Hos within 24 h To the Fun completely	Me	29b. Signature and	title of certifiar				290	. Licens	se number	T	29d. Date signe	ed (Month,	Dey, Yeer)
	0		30. Name and eddre	1 Uly	(2) X	ND	Itom 02-1	(una Print)	)2	6571		8/11	19	7
			31. Deta filad (Mont	ot person who	USIM	0 4	430	DELK		AVE. B	ETHE	SOA, 1	MD	20814
	Sta Registr		on Dota mad priorit	AUG 1 3	1997	Registrar's S	Davidson	~- Randell						

State of Maryland / Department of Health and Mental Hygiene 25695 Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 11 1997 Clarkson Wesley Davidson August 11:35pm /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Westminster Nursing Home Westminster Carroll 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer)

Jan. 3, 1908

9. Birthplece (Stele Country)

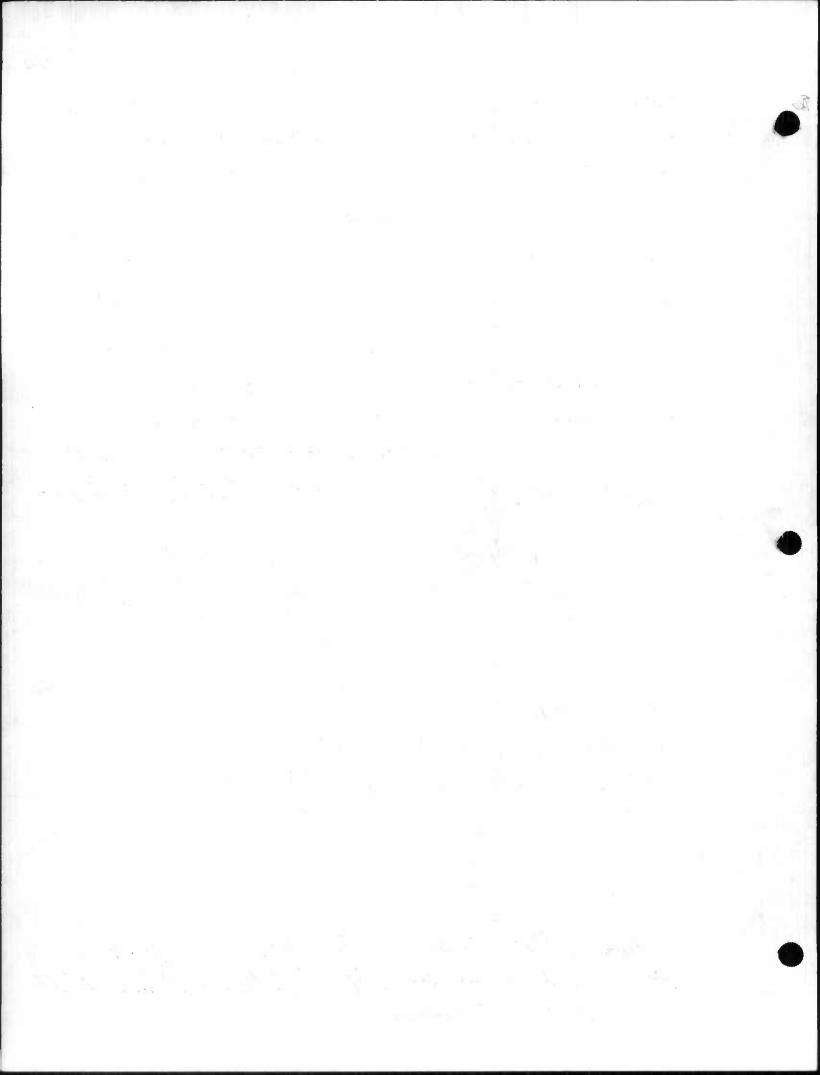
Maryland **Funeral** 9. Birthplece (State or Foreign Country) Days tt⊠M 2□ F 217-07-8968 89 Yrs. Director Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. insida City Limits 28a-f show be nothled at Md Carroll 1 Yes 2000 Director Westminster 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Haelih end Mental Hygiena. Important: If filem 27 is marked other than any injury or other traumers. ò items 23a 1642 Bollinger Road 21157 United States 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ZENo If Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify: þ Specify: White 3 □Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) Machinist Instrument Co. 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumame) Be Luther Clarkson Davidson Lillie Blanche Rupp 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) John Davidson/son 11172 Big Pool Rd. Big Pool Md 21711 20b. Plece of Disposition (Name of cemetery, cremetory or other plece)
Sandy Mount Cemetery8/15/97 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ⊠ Buriel 2 □ Cremetion 3 □ Removel from State Finksburg, Md 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility 91 Willis Street Myers Funeral Home. Westminster, Md 21157 23e. Pert I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilura. List only one cause on each line. Approximete intarvel Between Onset end Deeth Physician Immediete Ceusa (Finel +JYPERGLYCE(4)D) diseese or condition resulting in deeth) Examiner Physician/Medical Examiner requires that the death certificate be axecuted buriel-transi Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Last Box 68760. physician the Due to (or es e consequence of): use est for P.O. ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records, þ 24b. Were autopsy findings evelleble prior to 24a. Wes en eutopsy performed? completion of cause of deeth? Tha law certificate has page 2 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital after death.

Director: After this certifica director, 25. Was case referred to medical examinar? Be 1 Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 27. Menner of Deeth funeral 28a. Dete of Injury (Month, Dey Yaar) 28b. Time of 28c. Injury et Work? Certification: 28d. Dascribe how Injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be datermined 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 ☐ HomicIde To the Hospital of within 24 hours of To the Funerel Dicompletely filled in 29a. Certifier (Check only one) 1 🗹 Certifying Physician: To tha best of my knowledge, deeth occurred at the tima, data and place, and due to the causa(s) and mannar as steted. Medical 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and dua to the cause(s) end megner stated. 29b. Signeture and title of cer 29c. License number 29d. Date signed (Month, Day, Year)

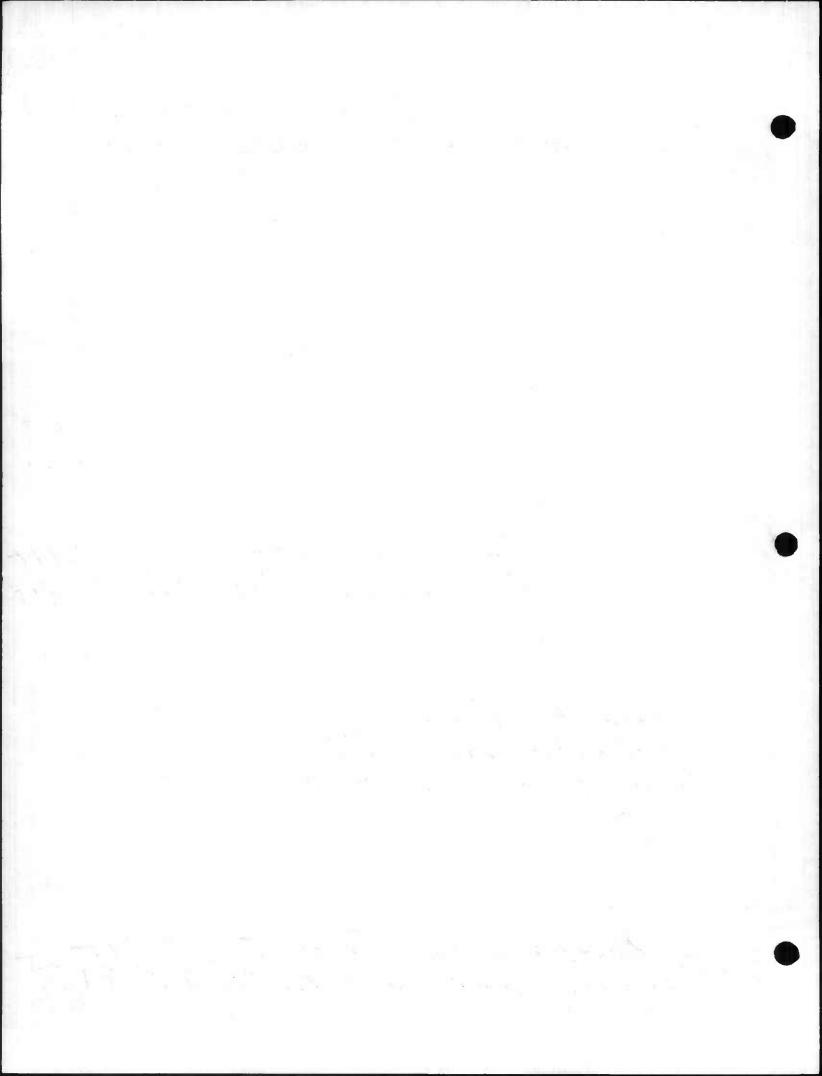
State Registrar 31. Dete filed (Month, Dey, Year)

AUG 1 3 199

32 Registrer's Signeture
Julia d'Aurelian Randall



				State of Maryla		rificate of			ene g	25696		
	Physici /Medi		1. Decedent's Name (First, Middle, Last)  RUTH  DARBY						2. Dete of Deeth Month Dey Jear 3. Time of Death O3: 57			
	Examir Funeral Director		4e. Fecility Name (If not institution, give SHADY GROVE ADVI 5. Sociel Security Number 6. St 219-36-7737	If Under 1 Year Months Deys		8. Date of Birth	Yeer)	GCMERY  9. Birthplece (State or Foreign Country)  Maryland				
	death with the Maryland ms 23a or 28a-f show ms 13a or 28a-f show		Usuel Residence of Decedent  10a. State  10b. County		ity, Town or Loca				10d. inside			
	the Maryla 28a-f shon notified at		Maryland Montgo  10e. Street end Number	nery	Gaithe	10f. Zip Code	?	4/	On China of las	1 Ves 2 No		
	23a or	ai Di		VENUE			377		Og. Citizen of W			
Baltimore, Maryland 21215-0020	72 hours after "natural", or ite	by Funeral Directo	11. Maritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Giva Yeer or Dates:	16	as Decedent of H Yes, specify Cub	Hispenic Origin? (Spen, Mexicen, Puerto Specify:	pecify Yes or No- o Rican, etc.)		- American Indian, , White, etc.		
		Completed	15. Decedent's Education (Specify only highest grade completed)  Elamentary/Secondary (0-12)  Collega (1-4or 5+)		(Give ki	int's Usuel Occup ind of work done O NOT use retire	during most of world)	king	16h Kind of Business/Industry			
		To Be C	17. Fether's Neme (First, Middle, Last) Harry Scott		7611	001 104	18. Mother's Nen	Hyland		)		
	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiens. Important: If item 27 is marked other than any Injury or other traumatic event, the Monce.		19e. Informant's Neme/Reletionship (7  Crorge Dorby) 20a. Method of Disposition    Buriel 2 Normetion 3   4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service License	Removel from State 20b.	Plece of Disposition of the Comptent of the Co	tion (Name of atory or other ple	motory !	aithers August 2, 1997	burg, 20c. Location - C	State, Zip Code) M.d., 20877 Sity or Town, State C.K., Moryland Himore Ave,		
	Physician /Medical Examiner		Approximete Interval Between Onset and Deeth									
Records, P.O. Box 68760,	leath certificate be axecuted attending physician and for use as the bunal-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Undarlying Ceuse (Diseasa or Injury that initiated evants resulting in deeth) Lest	b. Due to (c	or es a conseque	ence of):	rehl U	Meg	- h	is 8/1/97		
	requires that the death certing een signed by the attending hould be detached for use a	y Physician/M	Pert II. Other eignificant conditions co	ntributing to death but not rat	sulting in tha und	larlying ceusa giv	van In Part i	23b. Did tot	1	ribute to the cause of death? 3 Probably 4 Unknown		
	2 S X	Completed by	Schum 17	ad Drum	e u	Th	-	24a. Was an perform		24b. Were eutopsy findings eveileble prior to completion of ceuse of daeth?		
of Vital	nician The la certificate ha director, page	o Be	25. Was case referred to medical examiner? 1 □ Yes 25 No	Hospital: 1 Superient 20	ER/Outpatient	3CI DOA ON	SAC	1 ☐ Yei  th (Check only one ome 5 ☐ Resider	***	1 ☐ Yes 2 ☐ No		
Division of	Attending Physic cleath. After this coor. After this coor. by the funeral dis	Certification: T								d		
Divi	を推造さ	edical Certific										
	To the Hospital within 24 hours To the Funeral completely lilled	Med	290. Sandare and title of certifier	end manner steted.		1	se number			(Month, Day, Year)		
,	20		30. Name and address of person who o	ted cause of deeth (iter	m 23e) (Type, Pr	rint)	10 >J	00	13	D. W		
	Sta	ite	31. Date flied (Month, Day, 1907)	MAGA) 32. Register's Sign	/2/1//	mg,	5235	)had g	me 18	Johns		



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	Division		1. Decedent's Neme (First, Middla, Last)						2. Dete of De Month	Reg. No. eth Day	9 7 Year	25697 3. Time of Deeth	
	hysici: Medic/			Leroy M. I	Davis Sr.				08	10	97	4:15 PM	
	Examin		4a. Facility Nama (If not Institution, give street and number)  4b. City, Town, or U						cation of Deeth 4c. County of Deeth				
			Prince George	's Hospital	Center			Cheverl	У	Pri	nce G	eorge's	
	uneral rector		5. Social Security Number  578-20-9591  Usual Residence of Decedent	6. Sax	Aga (In yrs. last birtl 72 y	nday) If Under 1 Months I	Yaer Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da 01-13			place (State or Foreign ntry) yland	
bue	No. 11		10a. Stete 10b. County		10c. City, Town	or Location					1	0d. Inside City Limits	
Mary	28a-f show	tor	Maryland Princ	e George's		1	Lan	dover				1 XYes 2 □ No	
th with the		al Director	10e. Street and Number 7414 Belle Haven Court 10f. Zip Code 20785							10g. Citizen o	USA	ntry?	
d within 72 hours aftar death with the Maryland jiene.		d by Funeral	3 ☐ Widowed 4 ☐ Divorced If Yes, Give 11/22, Yeer or Detas: 04/01			ny If Yes, specify Cuban, Mexican, Puèrto Ri 2/43 1□ Yes 2⊠ No <i>Specify:</i> 1/46				Specify: Black		etc. lack	
5		Completed	(Specify only highan Elementery/Secondery (0-12)	t's Education st grada complated)  College (1-40	life. DO NOT usa retired)			during most of worki d)	nost of working		6b. Kind of Business/Industry  Private		
× 00	d other event, I		17. Fether's Nema (First, Middla,	Last)			e (First, Middla, Maidan Sumama)						
lid be lentai	0 0 0	To Be	George Day							aggie Johnson			
d 2 should be file th and Mental Hy	7 is marke traumatic		19e. Informent's Neme/Reletions	hip (Type, Print)	19b.	Mailing Address (	Street	and Number or Rura	Rural Routa Number, City or Town, Steta, Zip Code)				
Pa	NE		Helen Davis/W	life	7.	414 Belle	е Н	aven Cour	t, Land	dover,	Maryl	and 20785	
Pages nent of	nent of int: If it iry or c		20a. Method of Disposition  **DXBuriei 2		20b. Placa of camatary Maryla	Disposition (Nama r, cramatory or other nd Vetera	of ar plac an '	s Cem. 8	Dete /18/97	20c. Location		own, Stete , Maryland	
permit. Departm	any injury		21. Signeture of Funerei Servica Licansee  22. Neme end Address of Fecility  J. B. Jenkins Funeral Home  7474 Landover Road, Landover, Maryland 20785										
ifficete be assecuted	ding physician end see the buriel-transit	/Medical Examiner	Ceuse (Disease or injury that initiated events resulting in deeth) Last	b. ath c. Sh	Due to (or es e co		8	dise is	e			lmedit	
eath	attending for use	clar	Dod it Other Statistics of a statistic										
hat the d	is hours effer death.  Funeral Director: After this certificate has been signed by the tely filled in by the funeral director, page 2 should be detached.	by Physician/M	Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given						23b. Did tobacco use contribute to the cause of dea				
-		Completed b								en eutopsy rmed?	ev	ere eutopsy findings elleble prior to impletion of causa death?	
									1 🗆	Yes 21 No	1[	☐ Yes 2☐ No	
Iclan		Be	25. Wes case referred to medica exeminer?	Hospitel: /			Oth	26. Plece of Deeth					
g Phys		1 Dynatient 2 LER/Outpetient 3 LI DOA LA VILLE 1 DO										(y)	
5 40		Certification:	3 Sulcide 4 Homicide  4 Homicide  5 Could not be detarmined  28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Spacify)  28f. Location (Street and Number or Rural Route Midding, etc. (Spacify)								al Routa Mumber,		
the Hospital		edicai	(Check only 2 Madicat one)	g Physicien: To the bes Examiner: On the besis end manner	of exeminetion end	deeth occurred et for Investigation, in	the tin	ne, dete end pleca, opinion, deeth occurr	end due to the ed at the time,	ceuse(s) end dete end plec	menner as s e, and due to	teted. the ceuse(s)	
To the within 2	111	29b. Signature end title of certified  29c. License num  D198						601	29d. Date signed (Month, Day, Year) 8/11/97 8by Rd Riverelle M)				
4)	Va		30. Name end editress of person  Abyahaw B  31. Date filed (Month, Day, Year)	who completed cause of DABE D	AMO	ype, Print) 4404	8	ueensh	us R	d Ro	werd	hm 20.	

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner Funeral Director	1. Decedent's Name (First, Middle, L GEORGE 4a. Facility Name (If not institution, gi	CHARLES	. Do	100	-		2. Date of De Month	Day	Year 3. Time of D
Examiner Funeral	***		/				()	a CA 16	197 4 10
Funeral		ve street end number		0.41	>	4b. City, Town, or	Augus:		197 3:01
	UNIVERSITY OF	MARYLA	on Me	SPIT	AL	BALTIA		BALTIM	
			ge (In yrs. last bi	rthdey) I	f Under 1 Yaa	If Under 24 Hr			Birthplaca (Stata or F Country)
	5. Social Security Number  6. Sex  7. Age (in yrs. last birthdey)  577-58-7338  Usual Residence of Decedent  7. Age (in yrs. last birthdey)  1								
28a-f show notified at rector	10a. Stata 10b. County		10c. City, Tow						10d. Inside City
ect Feb	Maryland Montgom	ery	Tal	koma					
OF D					10f. Zip Code			10g. Citizan of Wi	nat Country?
e 23	7719 Carroll Ave		Fire In It O	40.104	2091			U.S.A.	
er, or items 23e or 28e4 s Examiner must be notified by Funeral Director	11. Marital Status  1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces?  1  Yes 2 If Yes, Give Yaar or Dates:			s Decedant of es, specify Cu Yas 2 X No	Hispanic Origin? (i aban, Maxican, Pua o <i>Specify:</i>	specity Yas or No rto Rican, atc.)	Specify:	- American Indian, , Whita, atc. White
avent, the Made Expension of the Made Expens	15. Decedent's E	ducation	16a	. Decedent	t's Usual Occi	upation		16b. Kind of Bus	Iness/Industry
- 20 -	(Specify only highest gi	College (1-4or	5+)	life. DO	NOT use retir	e during most of wo red)	orking		
omp	12			Plumb	er			E.D.I. P	lumbing
summatic event, the To Be Comp	17. Father'a Name (First, Middle, Les	t)				18. Mother's Na	me (First, Middle,	Maiden Sumame	)
	Charles George	Doonis				Anna I	Rosa Chri	İstani	
7 is marke traumatic TO	19a. Informant's Name/Relationship	(Type, Print)	198	. Mailing A	Address (Stree	et end Number or F	iural Route Numb	er, City or Town, S	tate, Zip Code)
	Charles G. Doonis	s - Son	56	508 H	amilto:	n Manor D	rive #6,	Hyattsv	ille, Md.
or other	20a. Method of Disposition	70	20b. Place o	d Disposition	on (Neme of ony or other pi	(eca)	Date	20c. Location - C	ity or Town, State
TY OF	1 ☐ Burial 2 ☑ Cremation 3 [ 4 ☐ Donation 5 ☐ Other (Speci						8/11/97	Alexandr	ia, Virgin
important: I any injury o once.	21. Signatura of Funeral Service Lice	nsqo /		22. N	ame and Add	ress of Facility asch's Sc	ns Funer	al Home,	P.A.
	- Menny AL	Jol	10 1 0 10						, Md. 2078
/sician	23a. Part1. Enter the disease, or conshock, or heart failure. List only	one cause on each li	ne.	not enter ti	ne mode of dy	ring, such as cardia	ic or raspiratory a	rrest,	Approximate tnterval Betwe Onset and De
ledical	Immediata Causa (Final disaase or condition HEPATORENAL SYNDROME								2 DAMS
aminer	disaase or condition resulting in death)	a.	Due to (or as a			NORDME			2151013
je je		l.e				CARCIN			3 1-
burial-transit	Sequentially fiet conditions	bPIG	Due to (or as a			CALCIA	IOMA		3 madir Syones
	Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	14			C				5.,,,,,
the but	I that initiated events	C	Dua to (or as a		CO offi				240002
Me as	resulting in death) Last	d	Dua to (or as a	consequen	ice 01).				
d for use	Part II. Other significant conditions	contributing to don't b	ut not requires i	n the unde	duing annua a	in a la Dani I	non Did		dhuas as also source and
igned by the attendi be detached for use by Physician/I	ratif. Other significant conditions	contributing to death b	ut not rasulting i	n the unde	nying causa g	Iven in Part I.		/	ribute to the cause of a
page 2 should be d							24a. Was perfo	an autopsy med?	24b. Were autopsy find available prior to completion of cau of death?
paga paga							10	Yas 2 No	1 ☐ Yes 2 ☐ No
rector, par Be Co	25. Was case refarred to medical					26 Place of De	ath (Check only o	3/2	
	axaminar? 1 ☐ Yes 2 ☑ No	Hospitat:	nt 2 FB/O	itnationt	3 DOA 0	thor			(Specify)
2 - 1 - 1	27. Manner of Death	Manner of Death 28a. Date of injury 28b. Time of 28c. Injur					ury at 28d. Dascribe how injury occ		
the funeral	1 Natural 5 Panding 2 Accidant investigation		y Year)			Nork? I ☐ Yes 2 ☐ No			
	3 Suicide 6 Could not t 4 Homicida detarmined		ury - At home, is c. (Specify)	ım, streat,	factory, office	3	28f. Location (S City or Tox	Street end Number vn, Stete)	or Rurel Route Numbe
To the Funeral Direct completely filled in by Medical Certifi	29a. Certifier 1 Certifying Pl	nysicien: To the best of miner: On the basis of and manner sta	axamination an	e, daath oc d/or invast	curred at the tigation, in my	time, date and plac opinion, daath occ	a, and due to the urred at tha time,	cause(s) and man date and placa, an	nar as stated. Indicate to the cause(s)
Me	29b. Signature and talle of certifier	and marrier ste	itao.		29c Licer	nse number		29d Date signed	(Month, Day, Year)
F 8									
	400.	S- NO				1424		August	9 199
		1			43				
$\mathcal{C}$	30. Name and addrass of parson who	complated cause of d				OF MA			

and Montgomer,

Carroll Avenue

X

12

20

Charles George Doonis

Charles G. Doonis - Son

K

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Plumber

X

E.D.I. Plumbing

Anna Rosa Christani

5608 Hamilton Manor Drive #6, Hyattsville, Md

Metropolitan Crematory 8/11/97 Alexandris

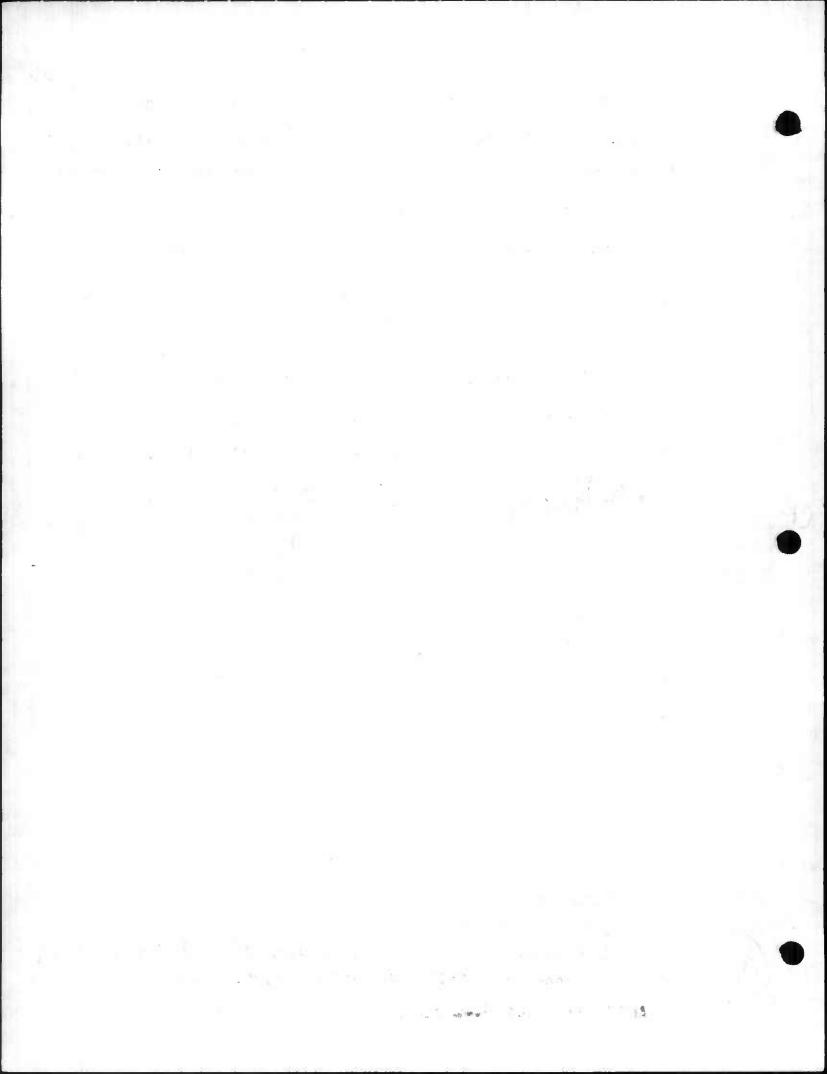
Francis Gasch's Sons Funeral Hor 4739 Baltdmore Avenue, Hyatts

Polo

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				ite of Maryla		tificate of			Reg. No	97 2	5699
ı	Physic		1. Decedant's Nama (First, Middla, Last) NETTIE	DI	LLON			2. Data of Date Month AUG •	Day 1997	7 Yaar 7	Tima of Death: 48 PM
	/Medi Exami		4a. Facility Nama (If not institution, giva straat a				4b. City, Town, or I	ocation of Daath	4c. County		
1	, Funerai Director		5. Social Sacurity Number 6. Sax 1	7. Aga (In yrs	s. last birthday) Yrs.	If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birt		9. Birthplaca (	Stata or Foraign
	the Maryland 288-f show	tor	Usual Rasidance of Dacedant  10a. Stata 10b. County  MD • MONTGOMERY		City, Town or Lo					10d. In:	sida City Limits ⊠ Yas 2 □ No
	death with the Maryland rms 23e or 28e-f show rmst be notified at	Funeral Director	10e. Street and Number 9817 - VEIRS DRIV	VE #2	1.3	10f. Zlp Coda 2 (	0850		10g. Citizan of V USA	Vhat Country?	
020	or he	by	1 Navar Marriad 2 Married 1 If Y	s Dacadant Evar In Index Forcas?  Yas 2 VNo as, Giva ar or Datas:	li II	Vas Dacedant of H I Yas, specify Cubo	fispanic Orlgin? (S an, Maxican, Puart Specify:	pecify Yas or No- p Rican, atc.)	14. Race Blace Specify	e - Amarican Indok, Whita, atc.	
21215-0020	n 72 nat	Completed	15. Decedant's Education (Specify only highast grada comp Elamantary/Secondary (0-12) Col	olatad) Ilaga (1-4or 5+)	(Giva lifa. E	lant's Usuai Occup kind of work dona OO NOT usa ratired	during most of wor	king	16b. Kind of Bu	usinass/industry	
Maryland	should be filed vand Mental Hygie marked other tumatic event, to	To Be C	17. Fathar's Nama (First, Middla, Last) WILLIAM F. McCA	AUGHEY			18. Mothar's Nan AMELIA				
			19a. Informant's Name/Ralationship (Typa, Phi REV • DR • REICHARD	nt)	19b. Mailin 9701-	g Addrass (Street	and Number or Ru	ral Routa Numba	r, City or Town, E, MD.	Stata, Zip Coda 20850	)
Baltimore,	permit. Pages 1 and 2 Department of Health s Important: If them 27 is any Injury or other tra once.		20a. Mathod of Disposition 1 ☒ Buriai 2 ☐ Cramation 3 ☐ Ramoval 4 ☐ Donation 5 ☐ Othar (Specify)		Place of Dispos camatary, cram RKLAWN	sition (Nama of natory or other place I CEMET)	ERY 8	Data /8/97		City or Town, St	
Balt	permit. Departmine Importation any Injuice.		21. Signatura of Funaral Sarvior Licansee	\	F		ss of Facility CO., INC STREET				
0x 68760,	requires that the death certificate be executed  wax  we have the attending physician and hould be detached for use as the burtal-transit	vMedical Examiner	Immadiata Causa (Final disaasa or condition rasulting in death)  Sequantially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in death) Last	Adena C Dua 10 (	(or as a consequence as		lin Paner	ear h	Tend		month month
ds, P.O. Box	es that the digned by the	d by Physician/N	Part II. Other significant conditions contributing  Diabeter Meller  Disease, Der			_		101		3 Probably	4 Unknown
Records,	aw 2 s	Completed	Disease, Der	nentia	Aly	beam	n	24a. Was a perfor	med?	of death?	prior to on of causa
Vital	ystclan: The list certificate he director, page	Be Co	25. Was casa rafarred to medical				26. Placa of Dea	1 ☐ Y		1 🗆 Yas	2□ No
of V	Physician: this certific ral director,	To	axaminar? 1 Yas 2 No Hospital:	1 ☐ Inpatiant 2 ☐	ER/Outpatient	3□ DOA Oth	ar: 42 Nursing H	oma 5□Rasid	ance 6 □Otha	ar (Specify)	
Division o	o the Hospital or Attending Phy ifthin 24 hours after death. o the Funeral Director: After thi ompletaly filled in by the funeral	Certification:	2 Accidant Invastigation	Data of Injury (Month, Day Year)	28b. Time of Injury		yat k? Yas 2 □ No	28d. Dascribe h			
DİVI	Hospital or At 24 hours after of Funeral Directal staly filled in by		4 ☐ Homicida datamIned 258.	Place of Injury - At h building, atc. (Spaci	ify)			28f. Location (S City or Tow	n, Stata)		a Number,
	• Hos 124 ho • Fun ietaly	edical	29a. Certifiar (Check only one)  1 Certifying Physician: 7 2 Medical Examiner: On and	to the best of my kno the basis of exemina I manner stated.	owledga, daath ation and/or Inva	occurred at tha tim astigation, in my or	na, data and place, pinlon, daath occur	and dua to tha c red at tha tima, d	ausa(s) and mai lata and place, a	nnar as stated. Ind dua to tha cr	ausa(s)
	To the within 2 or the omple	Me	29b. Signatura and titla of partition	- 21- 61		29c. Licanse	a number,	8	29d. Data signed	(Month, Day, Y	'ear)
	(3)		30. Nama and address of person who completed DR • C • SCHEMM-				(VILLE,	1D. 208	350	10,1	1-) [
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's Signa	ature						

DHMH 16 Rev 6/95



				State of Mai	ryland	-	rtment of tificate o			giene (Reg. No.	97	257	100
	Physic /Medi Examir	cal	Decedant's Nama (First, Middle, Las     MABEL     4a. Facility Nama (If not institution, give     117 PARRIS LAN	B.	r-3	EVER	CTTE	4b. City, Town, or	2. Dete of De Month AUG . 1	ath Day 3,1997 4c. County	Year of Death LBOT	3. Tima o	
	Funeral Director		5. Sociel Security Number 6. Se		(In yrs. la	est birthday) Yrs.	If Under 1 Yas Months Dey	ar If Undar 24 Hr	8. Data of Bir	th y, Year)	9. Birthpl Count	lace (State try) ISYLV	or Foreign
	death with the Maryland ms 23s or 28s-f show	Director	10a. Stata 10b. County MD TALB		IOc. City,	Town or Loc					10	0d. Insida 0	City Limits
	3ª or 2		10e. Street end Number 117 PARRIS LAN	E, APT. E	7-3		10f. Zip Code		and the state of t	10g. Citizan of USA	What Count	try?	
020	72 hours efter death with the Maryler Insturel, or Nems 23s or 28=f show citos! Examina, must be restified at	by Funeral	11. Marital Status  1 Never Merried 2 Married  30 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yaa 2 ☒ No If Yaa, Giva Yaar or Dalas:	er In U,S	It		f Hispanic Origin? ( uban, Maxican, Pue	Specify Yes or No rto Rican, atc.)	14. Rad Bla	ce - Amarica ck, Whita, a	atc.	
21215-0020		Completed	15. Decedant's Edi (Specify only highest grad Elemantary/Secondary (0-12)	ucation		(Give k	O NOT use reti	e during most of we		16b. Kind of B	usinass/ind		
Maryiand 2	should be filed withind Mental Hygiene.  marked other than matic event, train	To Be C	17. Fathar'a Nama (First, Middle, Last) NATHAN LEWIS B	ROWN					ma (First, Middle,				
	Pages 1 and 2 sho ent of Heelth end nt: if Item 27 is me ry or other traum		19e. Informant's Name/Raletionship (T) BEVERLY A. BAIR		ER			et an <i>d Number</i> or F 815, EAS				Code)	
aitimore,			20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ I 4 ☐ Donetion 5 ☐ Othar (Specify,		CHE	metery, crem SAPEA	ition (Name of atory or other p	MATION	Date 8-15	20c. Location			
Bait	Deperting Important any Injury Conce.		21. Signetura of Funaral Service Licans M. E. Deucr	rain The	P 5.1	$\rho$ FEI	LOWS,	resa of Facility HELFENE		NEWNAM	FUNI		
Box 68760,	Physician and for use os the build-transit and for use os the build-transit and for use os the build-transit and for use os the build-transit and for use os the build-transit and for use os the build-transit and for use of the build-transit and the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit and for use of the build-transit a	VMedical Examiner	23a. Part1. Entar tha diseasa, or comp shock, or heart failure. List only of immediate Causa (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or injury that initiated evants rasulting in death) Last	BEVER DE	ua to (or a	1	TC Ar	op Mir	C	ENOSI		Approxima Interval Ba onsat end	tween
P.O.	0 0 2	/ Physician/M	Pert II. Other significant conditions co	ntributing to death but r	not rasult	ting In tha un	darlying causa	givan in Part I.	23b. Did	tobacco use co	ontribute to		of death?
Records,	50 CV	Completed by								an autopsy rmed?	eva	ere autopsy allable prior apletion of death?	to
Vitai R	E as a		25. Was casa ratarred to medical						10	/\	1 🗆	Yes 2	] No
01 \	hysician: his certifical il director,	To Be	examiner?	lospital:	2□E	R/Outpatient	3□ DOA	Whac	hath (Check only only only only only only only only		nar (Specity	')	
DIVISION	g Physics er this heral di	Certification:	27. Manne of Deeth  1 Natural 5 Pending Investigation 3 Sulcida 6 Could not determine the country of the countr	28a. Data of Injury (Month, Day Y 28a. Placa ot Injury	(ear)	28b. Tima of Injury		☐ Yaa 2 ☐ No		now Injury occur		l Route Nu	mber.
2	To the Hospital or Attendin within 24 hours after death.  To the Funeral Director: Aft completely filled in by the fun		4 Homicide detarmined	building, atc. (	(Specify)				City or To	vn, State)			
	n 24 ho se Fund Sietely fi	edical	29a. Cartifler (Check only one) 1 ✓ Certifying Physical Exami	sician: To the best of r nar: On the basis of ex end mennar state	caminatio	edge, deeth on and/or inve	occurred at tha estigation, in my	time, dete and plec opinion, daath occ	e, and dua to tha urred at the time,	causa(s) and ma date end plece,	annar as sta and dua to	ated. the causa(	(3)
	To the within To the comp	M	296. Signature and fittle of custilier	Treede	an	Mo	Contraction of the Contraction o	nsa number 23967		29d. Data signe			
			30. Nama and address of person who do	omplated causa of daar	th (Itam 2	23a) (Type, P	rint)	ca Ca-	- \ NAT	2160	21		

Registrar

SCOTT D. FRIEDMAN, M.D. 403 MARVEL CT. EASTON MD 21601

31. Data filled (Month, Day, Year)
AUG 15 1997

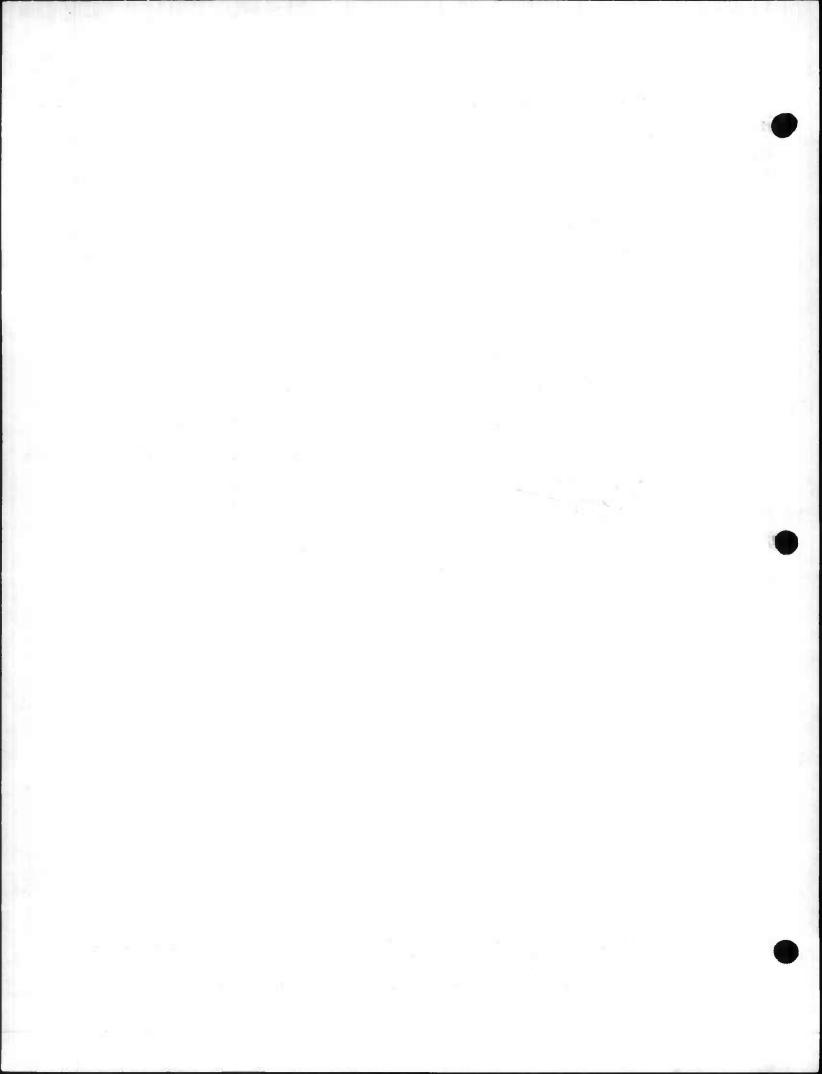
Julia Davidson-Randon State 31. Data filed (Month, Day, Year) AUG 1 5 1997

State of Maryland / Department of Health and Mental Hygiene 97

					Cer	tificate of	Death		Reg. No.		20101
Physi /Med		Decedent's Name (First, Middle,  John All		Emory				2. Data of D Month August	Day	1997	3. Time of Death 6:30 AM
Exam		4a. Facility Name (If not institution, s						or Location of Dea		y of Daath ert	
Funera Directo	_	494-12-9939	Sex 1⊠M 2□F	7. Age (In yrs. las	t birthday). Yrs.	If Under 1 Year Months Days		Hrs. 8. Date of B Win. (Month, L July 2	olinth Day, Year) 15, 1909	9. Birthol Coun Mary I	laca (State or Foreigr try) Land
te Maryland	Director	Usual Residence of Decedent  10a. State 10b. County  Maryland Calvert			Town or Lo	s Island				10	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
ith th	Dire	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?
t 23a	- Fa	509 Aldersgate (	-			206			USA		
72 hours efter deeth with the Maryland natural, or items 23a or 28a-f show deal Examiner must be notified at	by Funeral	11. Marital Status  1 Naver Married 2 Married 3 Widowed 4 Divorced	Armed F	2 No		Vas Decedent of Yes, specify Cut  ☐ Yes 2 1 No		? (Specify Yes or N uerto Rican, etc.)	Specia	ca - Amarica ck, White, of fy: Wh:	etc.
5 2	Completed	15. Decedent's (Specify only highest) Elementary/Secondary (0-12)	rade completed)	(1-4or 5+)	16a. Deced (Give i life. D	ent's Usual Occu kind of work done OO NOT use retire	pation during most of ed)	working	16b. Kind of E		
filed with Hygiene. rther than		12				Owner	T			aurani	E
in 1 end 2 should be filed v Health end Mental Hygie tem 27 is marked other to other traumatic event, to	To Be	17. Father's Name (First, Middle, La  Allan Emory  19a. Informant's Name/Relationship			4 Ob Section	A 44 (C4	Jane	Brown			0.41.20600
d 2 sl th en 7 is r		Deborah Emory /						r Roy 50		,,	Island, M
E 0 = 5	Y. 18	20a. Method of Disposition	☐Removal from	Statu 20b. Plac	e of Dispos	sition (Name of safory or other pix	ice)	Date	20c. Location	- City or To	wn, State
Demit. Pag Department Important: I any Injury o	1	4 Dediction 5 Other (Spe 1. Signature of Europea Service Lie	. ,	Fort	22.	11800 Ne	ess of Facility H	lines-Rin hire Ave Maryland	nue		
Physiciar /Medica Examine		23a. Part1. Enter the disease, of co shock, or heart failure. List on immediate Cause (Final disease or condition resulting in death)	y one cause on o	caused the death each line.	5780	ILTINE +					Approximate Interval Between Onset and Death
h certificate be executed ending physician and use as the bunk-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhibated events resulting in death) Last	c	Due to (or as	s a consequ	uence of):					
death e atte ed for	Physicia	Part II. Other significant conditions	contributing to d	eath but not resulting	ng in the un	derlying cause gi	ven in Part I.	23b. Die	d tobacco use co	entribute to	the cause of death?
that the de ed by the a detached	Phy							10	Yes 2□ No	3 □ Prob	ably 4 Unknow
requires sen sign hould be	Completed by	BENIEN PREST	TYNGES	11 PERTR	WAH	74-77-60			s an autopsy formed?	8V8	ire autopsy findings liable prior to inpletion of cause
Pass Series	dω		0.1						white the second	100	Seath?
detan: The li certificate ha		25. Was case referred to medical							lYes 2□No	11	IYes 2□No
Physician: this certific ral director,	To Be	examiner?	Hospital: , m	Inpatient 2 ER	M. draffeet	3□ DOA Ot	harr.	Death (Check only ing Home 5	7	has Consider	4
B 9 5		27. Mannard Death 1 Natural 5 Pending 2 Accident investigat	28a. Date (Mon		3b. Time of Injury	28c, Inju			how injury occu		,
무선들도	Certification:	3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide determine	d 25e Place	a of Injury - At home ing, etc. (Specify)	e, farm, stre	et, factory, office	0		(Street and Num own, State)	ber or Rura	Route Number,
To the Hospital or within 24 hours afto To the Funeral Dir completely filled in	edical (	29a. Certifier 1 ☐ Certifying S (Check only 2 ☐ Medical Ex	miner: On the b	best of my knowle asis of examination ner stated.	dge, death and/or inv	occurred at the ti estigation, in my	me, date and pi opinion, death o	ace, and due to the occurred at the time	e cause(s) and m s, date and place,	anner as st and due to	ated. the cause(s)
To the Vithin To the	ž	29b. Signature and little of sertifier	1,12,121	1		29c. Licen	se number		29d. Date sign	ed (Month, I	Day, Year)
19		30. Name and address of person with	Agg 9	se of death (Item 2)	3a) (Type F	J2	6358	x, M)-	AUG.	13,	1997
S	tate	31 Date filed (Month Day Year)	Fran	Registra's Signature	Perc	E FRE	Deric.	KIM)-	2067	y	
S <sup>i</sup> Regis	_	31. Date filed (Month, Day Year) AUG 1	5 1997 1	Registrar's Signature	idson-7	andelle					

State of Maryland / Department of Health and Mental Hygiene 97 25702

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute to the cause of death  1   Yes 2   No 3   Probably 4   Unknown  24e. Was en eutopsy performed?  24e. Was en eutopsy performed?  24e. Was en eutopsy performed?  1   Yes 2   No 1   Yes 2   No  1   Yes 2   No 1   Yes 2   No  25. Was case referred to medicat exeminer?  1   Yes 2   No 1   Yes 2   No  27. Manner of Death  28c. Date of Injury 28c. Injury et 28c. Injury								Ce	ertifica	te oi	Death	7	Re	eg. No.	1	20	102
Execution of the Facility Remarks for committees price and number)   Execution of Death   Co.Copy town or Location of Death		•			idie, La		JACOBS						2. Date of Deat	h	9 Yeer		
Social Social					_		um <i>ber)</i>				4b. City, T	own, or Lo	cation of Death	4c. Count	y of Death		
Social Security Funites   10 miles   10 mi				11615 Seven	Loc	ks Rd.					Potom	ac		Mon	teome	rv	
139-U1-9/38   139-U1-9/38		Funeral	Г	5. Societ Security Number			7. Age (In yr:	s. last birthday			r If Unde	r 24 Hrs.	8. Date of Birth		9. Birthe	piace (St	ate or Foreig
The Black Wild Design of Northead Country (100 Design of Design of Northead Country)    No. Country		Director		139-01-9738		⊔M 2MgF	83	Yrs.	MOUTH	Dey	Tiouis						
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's		p .											····	,	TAEM	-1011	
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's		Ba-f show	ctor	Maryland Mont	•	ery									1		110
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's		# 60 H	Sire						10f. Z	ip Code			11	0g. Citizen of	What Cour	ntry?	
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's		th w	20	11430 Strand	Dr.				2	0852	2			II	nited	Str	atos
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's		e E	ner	11. Maritel Status				U,S. 13.	Was Deci	edent of	Hispenic O	rigin? (Spe	ecify Yes or No-	14. Ra	ce - Americ	can India	in,
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's		ours after ai', or its	by			1 ☐ Yes If Yes, G	No No						rican, etc.)				:е
Elementary Discondary (0-12)    Elementary Discondary (0-12)   College (1-40-5-1)   Developer   18. Mother's Name (Fraz. Modile, Madden Journal)   19. Mother's	5	2 h	ted					16a. Dec	edent's Us	uai Occi	upetion			16b. Kind of B	usiness/In	dustry	
Physician // Cocky11le Pike Rocky11le MD. 20852 22e Part. Enter the diseased or complications that cause of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and control the mode of dying, such as cardiac or respiratory arrest, and control the mode of dying, such as cardiac or respiratory arrest, approximate following in death. Due to for as a consequence of):  Due to for as a co		Lin a	ple					life.	DO NOT	ork don use retir	e during mo ed)	st of worki	ng				
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Seption of the state of the sta		by the	Å.										1 🗆 Ye	2 2 No	3 Proi	bably	4 Unknow
246. Was an eutopsy performed?  246. Was an eutopsy performed?  1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    1   Yes   2   No    25. Was case referred to medicat exeminer: or performed in the property of the part of the performed in the performe	,																
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22 Accident 3 Suicide 4 Homicide 28e. Plece of Injury - At home, ferm, street, fectory, office 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and vitile of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)  ROBIN ELY BERMAN 11140 ROCKVILLE PIKE, ROCKVILLE MD 20852 31. Date filled (Month, Day, Year) 32. Registrar's Signature						28a. Date	of Injury		of	28c. Inj	ury et	2	28d. Describe ho	w injury occur	red		
29a. Certifier (Check only one)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as steled. (Check only one)  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Year)  30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)  ROBIN ELY BERMAN  11140 ROCKVILLE PIKE, ROCKVILLE MD 20852  31. Date filled (Month, Day, Year)  32. Registrar's Signature		Aft.	atio				illi, Day 1 ball	trijury	М			No					
29a. Certifier (Check only one)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as steled. (Check only one)  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Year)  30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)  ROBIN ELY BERMAN  11140 ROCKVILLE PIKE, ROCKVILLE MD 20852  31. Date filled (Month, Day, Year)  32. Registrar's Signature		octo y th	fice	3 ☐ Suicide 6 ☐ Coul		28e. Plec	e of Injury - At I	home, ferm, s	reet, fecto	ry, office	)	- 2	28f. Location (St	reet end Numi	ber or Rure	I Route	Number,
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ROBIN ELY BERMAN 11140 ROCKVILLE PIKE, ROCKVILLE MD 20852				30. Neme and address of person	n who	completed cau	se of deeth (Ite	m 23a) (Type									
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Registrar AUG 1 4 1007 Suha Savidana Bandago				31. Date filed (Month. Day Yes	KMA				LIKE,	_KO(	KVILL	E MD	20852				
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25703 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth **Physician** William 4b. City, Town, or Location of Death 1997 /Medical 8 11:00pm 4a. Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner 4838 Hillock Lane Hampstead 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Deys 1 1 M 2 □ F Months Hours 217-26-1450 67 Director Oct. 24, 1929 MD Usuel Residence of Decedent the Maryland 10c. City, Town or Location 10e Stete 10h Counts worle 10d. Inside City Limits itam 27 is merked other than "natural", or itema 23a or 28a-f show other traumetic event, the Medical Examiner must be notified at Director MD Carroll Hampstead 1 ☐ Yes 2 ☐ No 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 4838 Hillock Lane 21074 USA Funerai death 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No if Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American indien, Bleck, White, etc. 11 Marital Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural", or iten any Injury or other traumatic event, the Medical Exempter. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 2□No Specify Specify: white ò 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) crime photographer/technician law enforcement 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Vesta Marie Bloecher George William Evans 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 19e. Informent's Neme/Reletionship (Type, Print) 4838 Hillock Lane Hampstead, Md. 21074 Catherine M. Evans (wife) 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 8/12/97 Elkridge, Md. 4 Donetion 5 Other (Specify) entombment Meadowridge Mausoleum 22. Name and Address of Fecility 21. Signeture of Funeral Service Licensee Haight Funeral Home P.O. Box 195 Sykesville, Md. 21784 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediete Ceuse (Final diseese or condition resulting in death) Examiner (or es e consequence of) Examiner burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): certificata be axec physician s the burial P.O. Box 68760. Physician/Medical Due to (or es e consequence of) The law requires that the death Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. as been signed by the a 23b. Did tobacco use contribute to the cause of death? 1 □ Yae DE No 3 Probably 4 Unknown Seizure Moorden, Cevelmouruscular Division of Vital Records, þ 24b. Were autopsy findings aveileble prior to 24a. Wes en eutopsy performed? Be Completed accordent, Essentral Hypertensum completion of ceuse of death? 1 ☐ Yes 201 No certificata 1 ☐ Yes 2 ☐ No To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 ☐ Yes 2 ☐ No 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 26c. Injury at Work? 28d. Describe how Injury occurred Certification: 1 Seturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To 29a, Certifier e best of my knowledge ed et the time, dete end pleca, end due to the ceuse(s) end manner as steted. gation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) basis of examination an night stated.

29c. License number

137949

29d. Date signed (Month, Day, Year)

1425 Liheren Poli Swett # 208 Eldershy, Mis

August 12th 1997

State Registrar

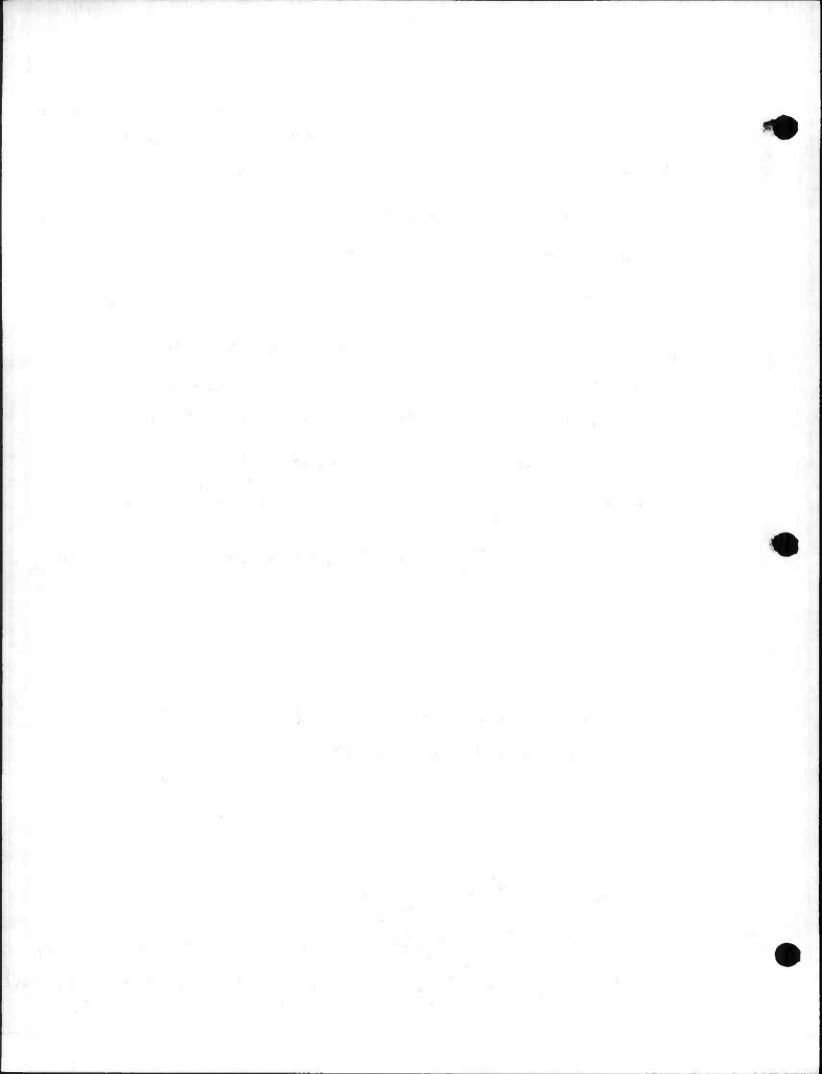
29b, Signature and title of certifi

Alexander

30. Name and address of person who go

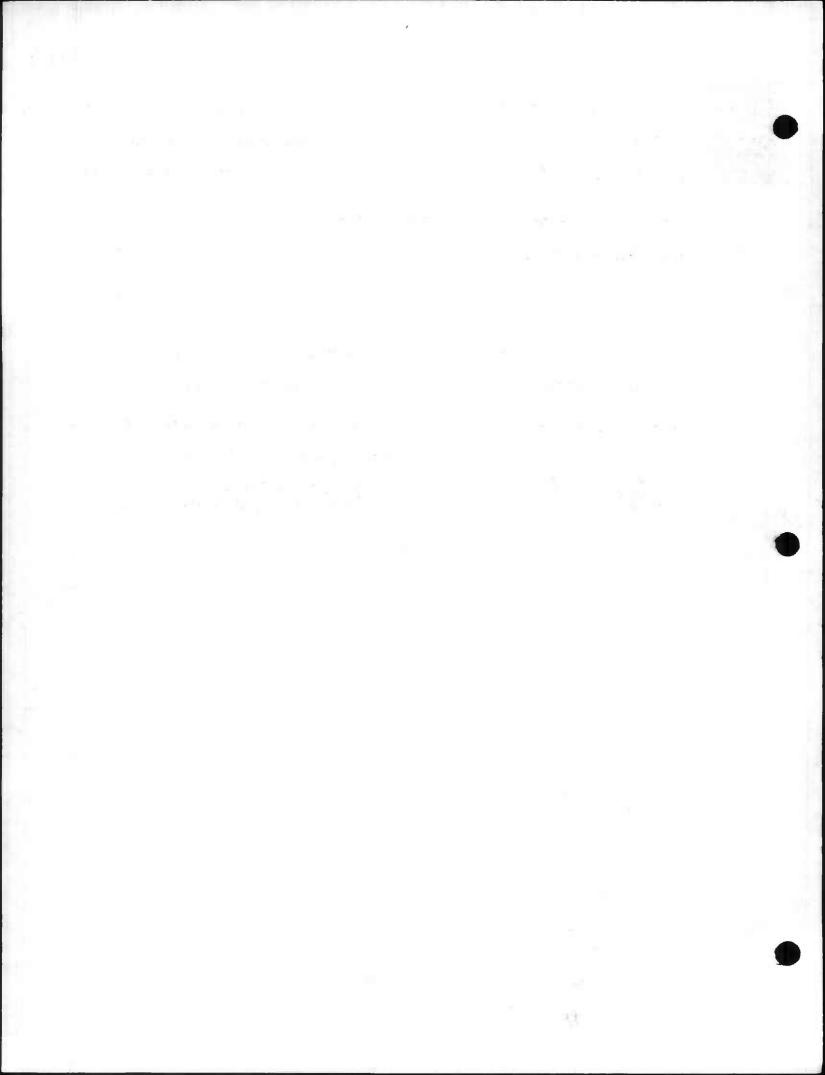
AUG 13

Boyelaschewsky



		Decedant's Name (First, Middle,	Last)		Certificate	of Death	2. Dete of D	Reg. No.		25704
Physic		Leonard A.K. Emb	•				Month August	Day	Yeer	3. Time of Death
/Medi Exami		4a. Fecility Name (If not institution,		er)		4h. City. Town	or Location of Dec			11:35 A.M
Exami	iei	Manor Care Health				Silver		Montg		
Funeral Director		5. Social Security Number 579–42–1843 Usual Rasidence of Decedent	. Sex 1 M 2 F	Age (In yrs. last bi	Yrs. If Under 1 Y	ear If Under 24		Sinth Year) 1928		ace (Stete or Foreign ana
natural', or items 23a or 28a-f show		10a. Stete 10b. County		10c. City, Tov	n or Location				10	d. Insida City Limits
To the	tor	Maryland Montgo	mery	Silv	er Spring					1 ☐ Yes 2 No
or 28	Director	10e. Street and Number			10f. Zlp Co	de		10g. Citizen of	What Count	ry?
23a		1837 Featherwood	St.		2090	4		U.S.A		
"natural", or items 23s or 28s-1 show	by Funerai	11. Marital Status 1 □ Navar Married 2∭ Marrier 3 □ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Yes 2 It Yes, Giva Yaar or Data		13. Was Decedant If Yes, specify	of Hispanic Origin' Cuban, Mexican, P No Specify:	? (Specify Yas or Nuarto Rican, etc.)		ce - America ck, White, e y: Blac	tc.
natur	eted	15. Decedent's (Specify only highest	Education grade completed)	18e	Decedent's Usuel O (Give kind of work d life. DO NOT use n	ccupation	working	16b. Kind of B	usiness/Indu	ustry
_ 36	Completed	Elementary/Secondary (0-12)	College (1-4d	or 5+)				D		
d other than		17. Father's Nama (First, Middle, La	5+		Dental Su		Neme (First, Middl	Denti		
s marked other than aumatic event, tre N	o Be	William Theophi	•				ine John		118)	
7 is marked traumatic ev	2	19a. Informent's Name/Relationship		10	. Meiling Address (St				Stato 7in /	Code)
7 is trau		Joycelyn R. Embr			337 Feathe					
E 45		20a. Method of Disposition		20b. Place of	t Disposition (Name only, crematory or other	of	Date	20c. Location	- City or Tow	vn, Stete
ant: H		1 Donation 5 ☐ Other (Spe			rection C		8/23/97	Clinto	n, Ma	ryland
Important: If Is any Injury or once.		21. Signature of Funeral Solvice Like	opsee A			P. Kalas			207	<i>.</i> =
		23a. Pert1. Enter the disaase, or co shock, or heert tailure. List on	mplications that caus	ad the death. Do	not enter the mode of	on Hill R dying, such as car	diac or respiratory	arrast, Md		Approximate
sician		SHOOK, OF HOOF CANDIO. LIST OF	ly one cause on eec	i iiiie.						Interval Between Onset and Death
edical miner		Immediate Cause (Finel disease or condition	. 50	SPECTE	o una	SEP51.	5		-	1 DAY
illilei		resulting In death)	а.		consequence ot):					
sit	nine		b	= Masma	De m	OSTATE	(1324)	SA		725
physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury	29 11		consequence ot):				1	
siciar a buri		cause. Enter Underlying Causa (Disease or Injury that initieted events	C	Due to form						
as the	edical	resulting In death) Lest		Due to (or as e	consequence of):					
ettending for use as	M/UK		d							
od be	sicle	Part II. Other significant conditions	contributing to death	but not rasultina i	n tha undartying cause	e given in Part I.	23b. Die	d tobacco use co	ntribute to 1	the cause of death?
eteched	Physiclan/M			_		-		_		ably 4 Unknow
pe del	by	11/10/10/10/10/10/10/10/10/10/10/10/10/1	06						,	
s been s 2 should	Completed	MIPERPORTS	PONDS	VT DIA	गुडाहर	MELIC	24a. Wa	s an autopsy formed?	avai	re autopsy tindings lable prior to apletion of cause eath?
pa							1□	Yes 21 No	1 🗆	Yes 2 No
is certific director,	) Be	25. Wes case reterred to medical examiner?	Hospital:			Other	Deeth (Check only			
this aldi	1: To	1 ☐ Yes ZONo  27. Manner of Death	28a. Date of Ir	itient 2 ER/Ou		4 KM INUISIN	g Home 5 ☐ Res	sidence 8 Oth		
fune	Certification:	1 Natural 5 Pending 2 Accident Investiget	(Month, I			Injury at Work? 1 ☐ Yes 2 ☐ No	Log. Describe	on injury occur	. 50	
Director: In by the	Ifica	3 ☐ Sulcide 6 ☐ Could not	be 28e. Piaca of	Injury - At home, ta	rm, street, tactory, off	- DA- 1		(Street and Numb	per or Rural	Route Number,
ul pe	Cert	4 Homicide	building,	etc. (Specify)				own, State)		
pletely filled in by the funer	edicai (	29a. Certifier (Check only one)  1 Certifying I	Physician: To the best aminer: On the basis end manner	of examinetion an	, deeth occurred at the	e time, dete end pl ny opinion, deeth o	ece, and due to the courred at the time	e cause(s) and me , dete and plece,	enner as sta and due to t	ited. the cause(s)
the Somple	Σ	29b. Signature end title of sertile	24 h			ensa number		29d. Data signe	d (Month, D	ay, Year)
2)		30. Name and address ot parson wh	completed cause of	t deeth (Item 23e)	Type, Print)	25422		AUGUST	13, 1	997
1		ROBERT Y. MALLIN	md 1433	33 Laurel	Bowie Rd.	, Laurel	, MD 2070	08		
Sta	te	31. Date tiled (Month, Day, Year)		strar's Signature						
Registr	ar	AUG 1 5 199	7 Shilled	twoler han	lath					
16 Rev 6/9	5					-				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

25705 Certificate of Death 2. Dete of Deeth 3. Time of Deeth Yeer 8:41pm 199

**Physician** /Medical **Examiner**  1. Decedent's Neme (First, Middle, Last)

GLAd 40 4b. City, Town, or Location of beeth 4c. 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Months Deys Hours Min. (Month, Dey, Year)

MARCH 23, 1952 SIERALFONE Sociei Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 9. Birthpiece (State or Foreign 1□ M 2 F Yrs. Director 45 579-88-1894 Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner naut be notified at Director 1 Yes 2 No MONTGOMERY TAKOMA PARK MD 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 death with items 23a 6735 NEW HAMPSHIRE AVE. APT. 603-E 20912 Funeral UNITED STATES AMERICA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Maritel Stetus Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 8 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) NURSE PRIVATE 17. Fether's Neme (First, Middle, Last) permit. Pagas 1 and 2 should be file Department of Haalth and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic event 18. Mother's Neme (First, Middle, Meiden Sumeme) Be BORBOR EDWARDS NANCY EDWARDS 2 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20912 19e. Informent's Name/Relationship (Type, Print) (SISTER) 6735 NEW HAMPSHIRE AVE. APT. 603-E, TAKOMA, MD. EVELYN EDWARDS 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20c, Location - City or Town, Stete Dete 1 Buriei 2 □ Cremetion 3 □ Removei from State 4 □ Donetion 5 □ Other (Specify) GLENWOOD CEMETERY 8-22-97 WASHINGTON, D.C. 21. Signature of Ferraral Service Licenses 22. Neme end Address of Fecility JOHNSON & JENKINS INC. 16 KENNEDY ST. N.W. W.D.C 716 KENNEDY ST. N.W. W.D.C. 23g. Part1. E Approximete Intervei Between Onset end Deeth **Physiclan** ( Encephalopathy with Coma (or es e consequente of): /Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed burial-tran Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. tha Due to (or es e consequenca of): 88 USB P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No Ketoacidosis 3 □ Probably 4 □ Unknown Records, þ 90 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peen certificata 1 ☐ Yes 20 No Division of Vital Attending Physicien: 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Inpatient 2 ER/Outpetient 3 DOA Aftar this filled in by tha funaral 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Dascribe how Injury occurred Neturei Accident 5 Pending Investigation death. 1 Tyes 2 No s after death 3 Suicide 6 Could not be determined 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homleide 6 To the Hospital of within 24 hours at To the Funeral D complataly filled Medical 29a. Certifier Cortifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 8 8kg 30. Neme end eddress of person who completed cause of death (item 23a) (Type, Print) Edmonston DR. 4603 Rockville M

State

Registrar

MATHUR-

50

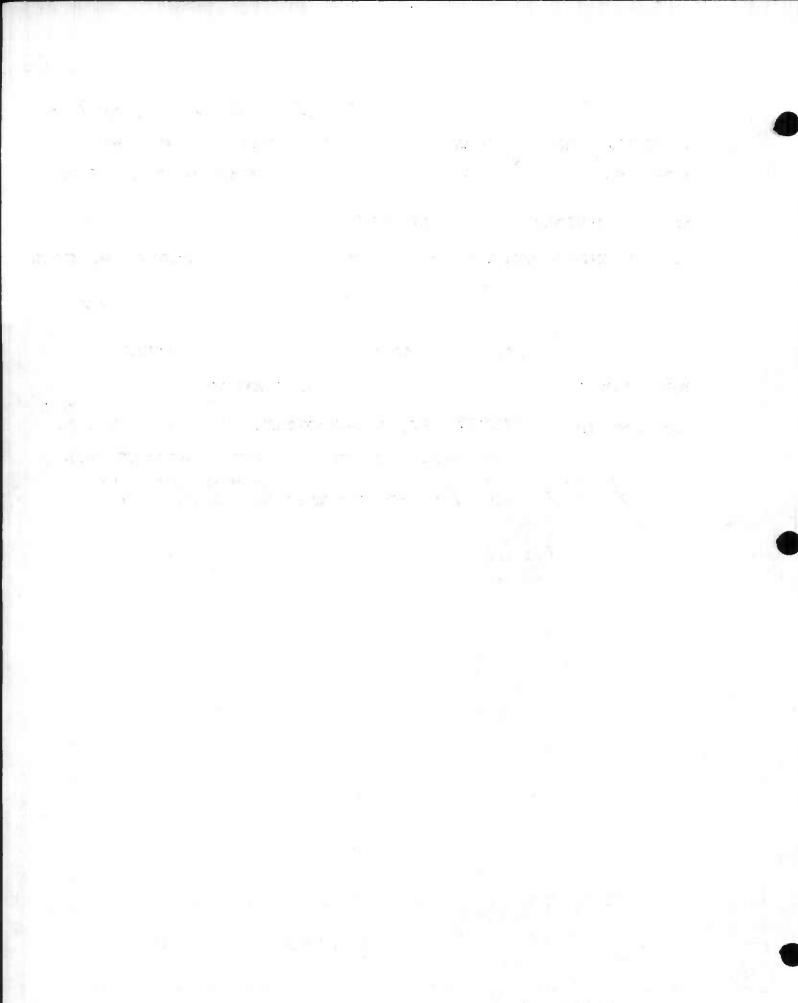
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92. Registrer's Signeture

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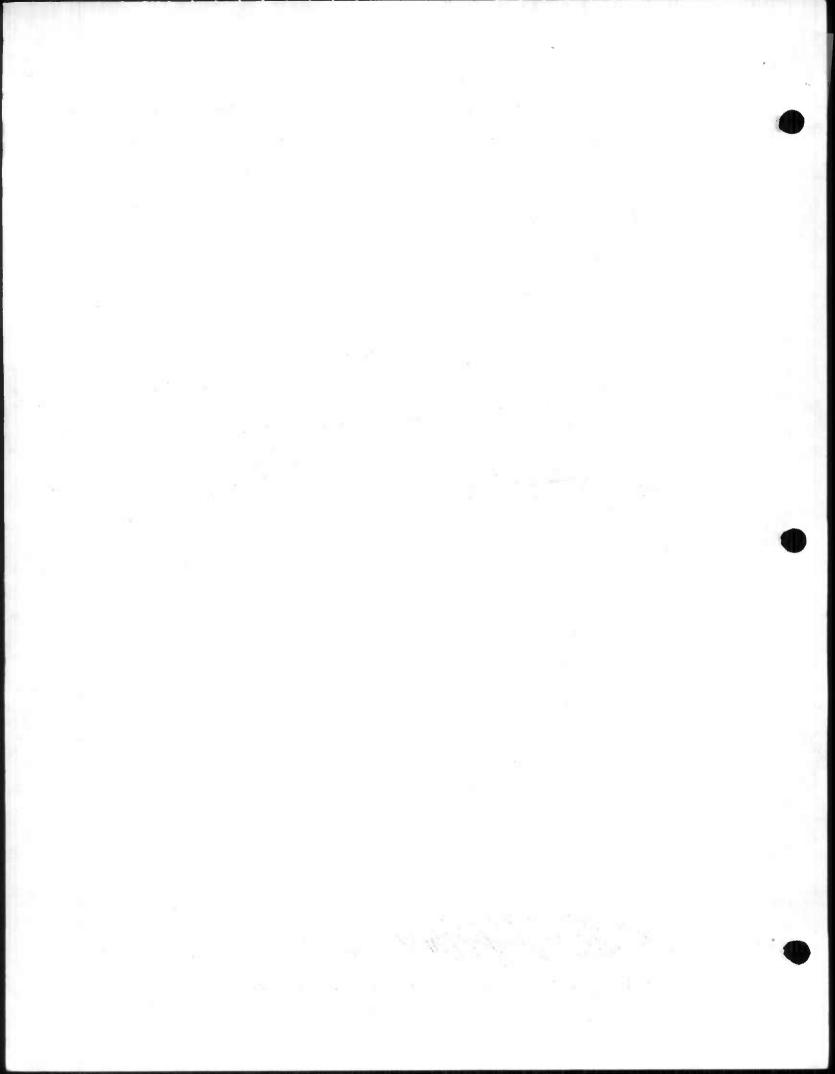
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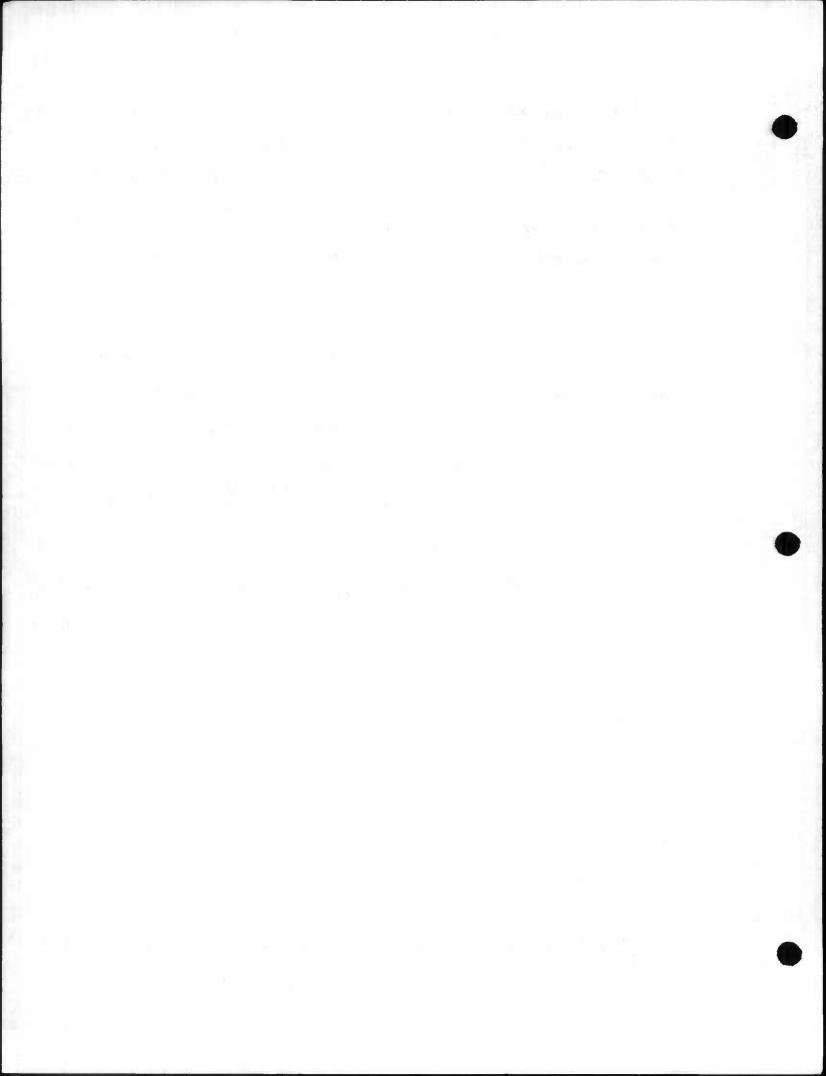


State of Maryland / Department of Health and Mental Hygiene 07 25707

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**DHMH 16 Rev 6/95** 

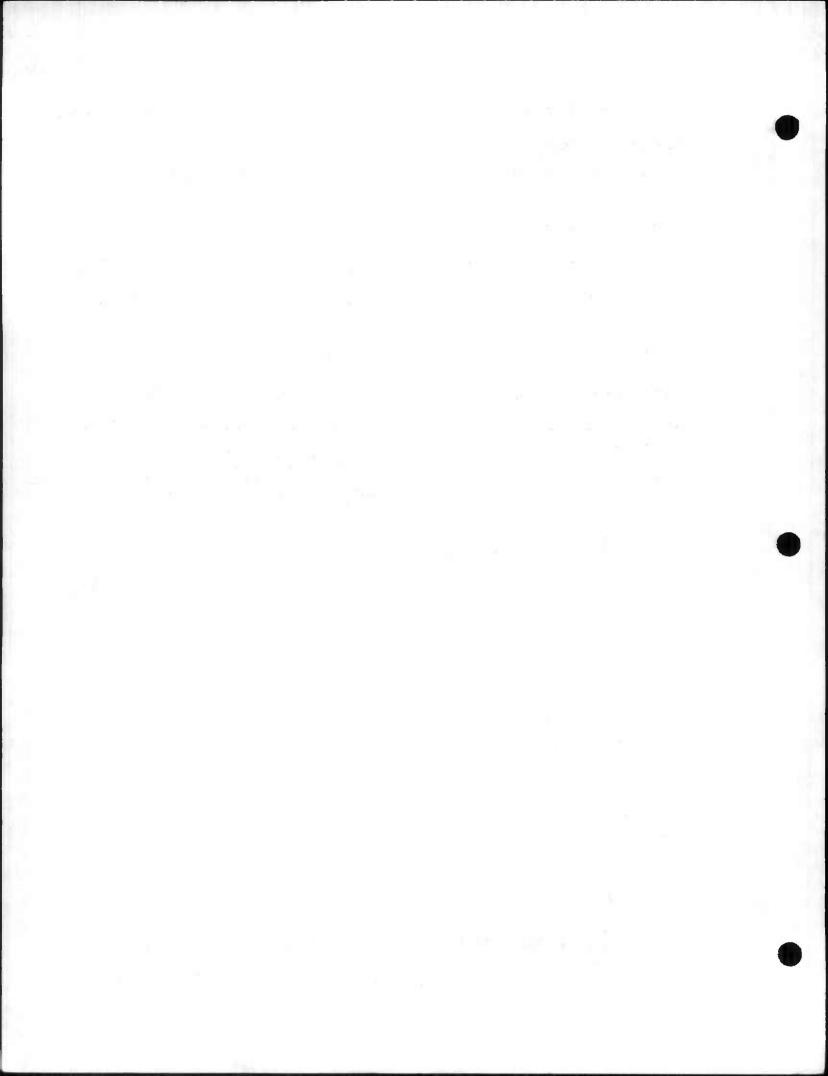
State Registrar



State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificat	e of	Death		Reg. No.	91	25/08
	Dhuala		1. Decedent's Name (First, Middle, Li	ast)						2. Date of De	eath Day	Yeer	3. Time of Death
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,	Exami		4a. Facility Name (If not institution, gi	ve street and numb	er)				4b. City, Town, or I			y of Death	
			Suburban Hospita	1					Bethesda	1	Mont	gomen	CY
	Funeral				Age (In yrs.	last birthday)	If Under Months	1 Year Days	if Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da	th		place (State or Foreign
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Baltimore,	permit. Pag Department Important: If any injury o		21. Signature of Auneral Servica Lid	200		Be	. Name an	d Addra	ss of Fecility Ronery Chas	bert A. e, Inc.	Pumphr 7557 W	ey Fu	neral Homensin Avenue
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			30. Nama and address of person who SITERD DECK,	completed cause of	death (Itam	23a) (Type,	DVAP to	משמ	Road, ?	3etherd.	a, tun	208	314
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	Sta Registr		31. Date filad (Month, PAUG') 15	1997	Julia Do	widson-	Rendell	_					

Registrar



State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Neme (First, Middle,	actl		Certificate	C OI DOE		2. Dete of Dee	leg. No.		25709
Physic	cian		,					Month	Dev	Year 1997	3. Time of Deeth
/Med		Ralph E. Faidley, Sr. 4e. Facility Neme (If not institution, s		rì		4b. Cit	tv. Town, or Lo	August	4c. County		3:45 PM
Exam	iner —	13614 Blank Road				Mou	unt Sava	ge	Alle	egany	
Funera Directo		216-40-3034	Sex 7. A 1 ⋈ M 2 □ F	ge (in yrs. lasi	t birthdey) If Under Months		Under 24 Hrs. Durs Min.	8. Date of Birth (Month, Day 13-Feb-	Year)	9. Birthp Coun Marylo	elece (State or Foreign htty) and
pue M.		Usuel Residence of Decedant  10e. Stete 10b. County		10c. City, T	Town or Location					1	0d. Inside City Limits
Ba-f ehow	octor	Maryland Allego	ny		t Savage						1 2 Yes 2 □ No
th with the 23s or 2	Funeral Director	10e. Street and Number	Blank Road		10f. Zip	21545-			U.S.A.		ntry?
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S T D S	To Be	17. Father's Neme (First, Middle, La Robert L. Faidley	st)			18.1		n Snyder	Meidan Sumen	10)	
d 2 should th and Mer 7 le marke traumatic		19e. Informent's Neme/Relationship	(Type, Print)		19b. Melling Address	(Street and N	vumber or Run	al Route Numbe	r, City or Town,	State, Zip	Code)
Heal and		JoAnn Faidley  20e. Method of Disposition	Wife		O. Box 602 se of Disposition (Nemetery, cremetery or o	ne of	Mou	nt Savage Dete	Marylan 20c. Location -		21545- own, State
		1 X Burial 2 ☐ Cremetion 3 4 ☐ Donetlon 5 ☐ Other (Spec		3	etery, cremetory or o	tner piece)	00-14	ug-97 Mc	ount Save	ngo Ma	andand
permit. Pege Department of Important: If any Injury or		21. Signature of Funerei Service Lic		/-		d Address of I		ug-77 1010	JUIII JUVC	ige,ivid	aryiana
Ded Jan	1	> Tolen 1	Durch		Durst Fur	neral Hor	me, 57 Fr	ost Ave., f	rostburg,	MD 2	1532
		23a. Part . Entar tha diseese, or co	mplications that cause	d the death. I							Approximete interval Between
Physician /Medical Examiner		Immediete Cause (Finel disease or condition resulting in deeth)	e. MET	Due to (or es	s a consequence of):	ING	Conve	en		a	Onset end Deeth
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5 00	edical	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c	ì	s e consequence of):						
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State of Maryland / Department of Health and Mental Hygiene

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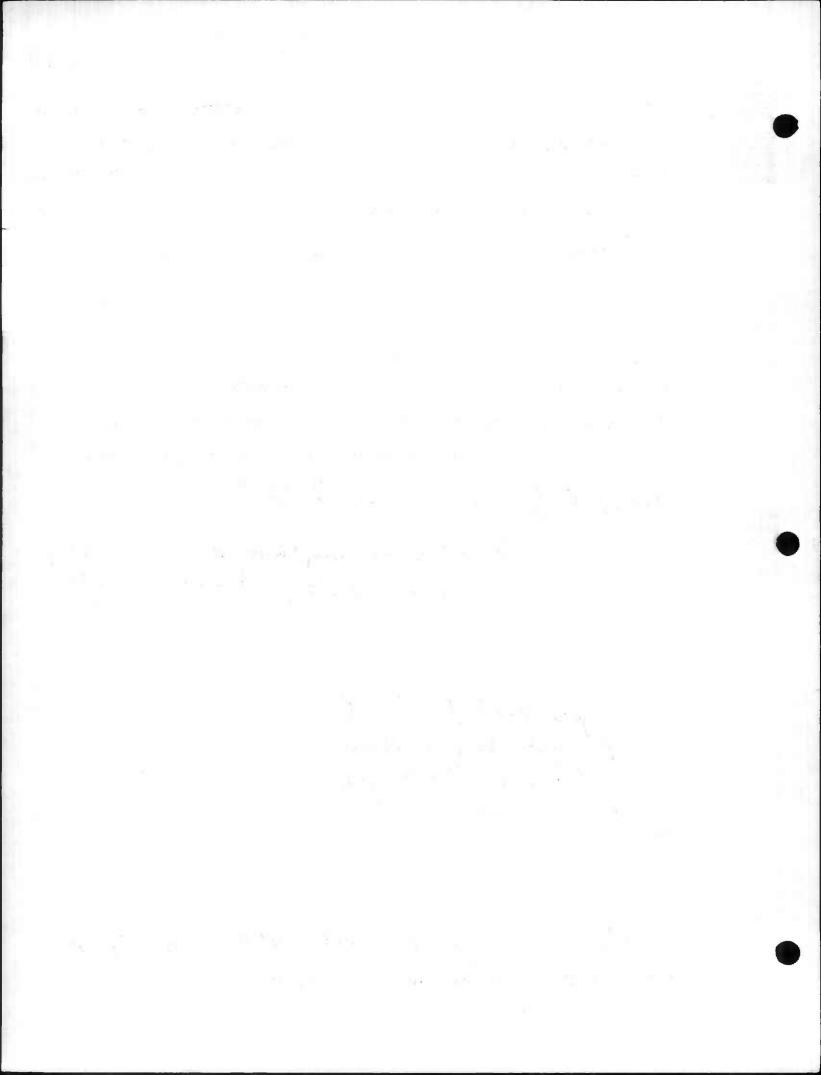
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	/Medi		LILLIAN RU									AUGUS	T	6 199		7:20 AM
	Exami	ner	4e. Fecility Neme (If not in	stitution, gi	ve street end nu	ımber)				4b. City, T	own, or L	ocation of Dec	th	4c. County	y of Death	
			SACRED HEA		The second second second						BERL	AND		ALI	LEGAN	Y
	Funeral		5. Sociel Security Number		Sex 1□M 2√F		yrs. last birthd	Months			r 24 Hrs. Min.	8. Dete of B	ley, Ye.		9. Births	place (State or Foreigntry)
	Director		236–36–145		X	79	Yrs	•				June 2	23,1	918	WEST	VIRGINIA
	and w		Usuel Residence of Deceded 10a. Stete 10b.	County		10c	. City, Town o	r Location							T	Od. Inside City Limits
	Se-f sho	Director		HAMPS	HIRE			SPRING								1 □ Yes 2X No
	23a or 2		10e. Street end Number HC 86, BOX	59		٧		10f. Zip		2-970	3			Citizen of U.S.A	Whet Cour	ntry?
21215-0020	n 72 hours after death with the Meryland "natural", or items 23a or 28a-f show ad cal Examiner must be notified at	by Funeral	11. Meritel Status 1 □ Never Married 2 3 ☑ Widowed 4 □ D		12. Wes Dec Armed F 1 Tyes If Yes, G Yeer or I	orces? 2⊠No ive	n U,S.	3. Was Deced if Yes, specific Yes				pecify Yes or N Rican, etc.)	lo-		ce - Americ ck, White, by: WHI	etc.
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Maryland	and and aum		19a. Informent's Neme/Re	eletionship	(Type, Print)		19b. M	eiling Address	(Stree	t end Numi	ber or Rui	re/ Route Num	ber, Cit	y or Town	, Stete, Zip	Code)
	s 1 and if Haalth Item 27 other tr		SANDRA K.		RFF/DAU			86,		59	– GI	REEN SE	RIN	G, WV	2672	2-9703
Ore			20e. Method of Disposition 1 X Buriel 2 ☐ Cren		Demovel from		<ul> <li>b. Plece of Di cemetery,</li> </ul>	sposition (Ner cremetory or c	ne of ther pla	ice)	1	Dete	20c.	Location	- City or To	own, State
<u>E</u>	nit. Pagas artmant of l ortant: If Ite Injury or or		4 □ Donetion 5 □ O			I	ORT AS	HBY CE	METI	ERY	8	3/8/97	F	ORT A	ASHBY	, WV
Baltimore,	permit. Par Departman Important: any injury		21. Signeture of Funerel S	nsee 4			UPCHUR	CH I	FUNER	AL HO	OME, IN	IC.	26710			
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	Physician /Medicai Examiner		23a. Pert1. Enter the dise shock, or heert failur Immediete Ceuse (Finel disease or condition resulting In deeth)	e. List only	e. Co	eech line.	ac	ar	N	) .	1	n'a				Intervel Between Onset end Death
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	nsit	Examiner			b	Co	mi	7.6	N	Ten			102			
-	executed in end iel-transit	Exa	Sequentietly list conditions if eny, leeding to immedie ceuse. Enter Underlying Ceuse (Disease or injury	ie		Due t	o (or es e con	sequence of):		- 1					i	
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ta		Bec	25. Wes cese referred to r	nedical		/	B 0 2-11-1-1-1	J'	,	26. Plac	e of Deat	h (Check only	one)			ZALLO SZERIO
	Physician: r this cartific ral director,	2	exeminer? 1 Yes 2 No		Hospital: 13	expatient :	2 ☐ ER/Outpa	tient 3 DC	A Ott	her: 4 N	ursing Ho	me 5□Res	idence	6 🗆 O#	ner (Specif	y)
on of	ding Pt. Aftar th funeral			Pending investigation	1170.000.00	of Injury th, Day Yea	28b. Time Injur	e of 2	Bc. Inju Wo	ry at rk? Yes 2	390	28d. Describe	how in	jury occur	red	
Division	or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐	Could not be determined	28e. Place	of Injury - A		street, fectory				28f. Location City or To			ber or Rura	I Route Number,
	To the Hospital or Attending Physician: within 24 hours aftar death.  To the Funeral Director: Aftar this cartific completely filled in by the funeral director.	edical C	29a. Certifier 1 - Created only one)	ertifying Pi edical Exa	nysician: To the minar: On the b	best of my asis of exem ner steted.	knowledge, de ination end/or	eath occurred Investigetion	et the ti	me, dete e opinion, de	nd plece, eth occur	and due to the	e ceuse	e(s) end me	enner es s end due to	tated. the cause(s)
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				,			with			- LILLE	ALL .	2130	-			

DHMH 16 Rev 6/95

Registrar

AUG1 1 1997



B.K.S RODNEY A. FRAZIER

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Month

2. Date of Death

**Physician** /Medical Examiner

RODNEY ARNOLD FRAZIER 4a. Facility Name (If not institution, giva street and number)

5. Social Security Number

216-68-7108

10a State

1. Decedent's Nama (First, Middla, Last)

AUG. 4b. City, Town, or Location of Death 3. Time of Death

9. Birthplace (Stata or Foraign

MEMORIAL HOSPITAL O.R.

CUMBERLAND

1997 2:30 PM 4c. County of Death

MARYLAND

Year

ALLEGANY

**Funeral** Director

must be notified at Director the items 23s Funeral traumatic event, the Medical Examiner filed within 72 hours after 6 by natural'. Completed permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene Important: If Itam 27 is merked other than any injury or other traumatic avant

Be

Baltimore, Maryland 21215-0020

Physician /Medical

Examiner

physician and s the burial-transit

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signed l

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page 2

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

The law requires that the death certificate be executed

Box 68760

P.O.

Records,

Division of Vital

Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medicai

Usual Rasidence of Decedent 10b. County MARYLAND ALLEGANY

10c. City, Town or Location CUMBERLAND

10d. Insida City Limits 1 Ves 2 No

Day

11.

10e. Street and Number 437 PINE AVENUE

10f. Zip Code 21502 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.)

7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth Months Days Hours Min. DEC 1962

U.S.A. 14. Race - American Indian, Black, White, etc.

10g. Citizan of What Country?

11. Marital Stafus 1 ☑ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yas, Give Year or Dates: NAT . GUARD

35

1 € M 2 □ F

1□ Yas 2□ No Specify. Specify: BLACK

16b. Kind of Businass/Industry

15. Decedent's Education (Specify only highast grada complated) Elementary/Secondary (0-12)

16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) College (1-4or 5+)

12 + 217. Father's Name (First, Middla, Last) KENNY CUSTOM PAINTING CO.

PAINTER

ROBERT L. FRAZIER

19a. Informant's Name/Relationship (Type, Print)

MARY D. CHAINEY 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)

ROBERT L. FRAZIER

FATHER 437 PINE AVE. CUMBERLAND MARYLAND 21502

Data 20c. Location - City or Town, State

20a. Method of Disposition

1 ☐ Burial 2 🛣 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Nama of cematary, cramatory or other placa)

CUMBERLAND CREMATORY AUG 12, 1997 CUMBERLAND MARYLAND

Signature of Funeral Service Licens

22. Name and Address of Facility

MERRITT-ADAMS FUNERAL HOME

X 23a. Part1. Enter tha disease, or complications that caused the shock, or heart failure. List only one cause on each line.

afflors that caused the death. Do not enter the mode of dying, such as cardiac of respiratory artest, Dance of the mode of dying, such as cardiac of respiratory artest, Approximate Interval Between Onsaf and Daath

18. Mother's Nama (First, Middla, Maidan Sumama)

Immediata Cause (Final disaase or condifion resulting in daath)

a THERMAL AND MULTIPLE INJURIES

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last

ELECTRICAL INJURIES Due to (or as a consequence of):

Due to (or as a consequence of)

Part II. Other algorificant conditions contributing to death but not resulting in the undarlying cause given in Part I.

8-11-97

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

1XXYes 2□No

26. Placa of Death (Chack only ona)

XX Yes 2 No

25. Was case raferrad to medical XX Yas 2□ No

5 Pending

Investigation

6 Could not be detarmined

Hospital: 1 ☐ Inpatient XX ER/Outpatiant 3 ☐ DOA 28b. Time of Injury 28a. Date of Injury (Month, Day Year) 12:03P M

28c. Injury at Work? XX Yes 2 □ No

Other: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)

28d. Describe how injury occurred subject gainth fell off ladder Location (Straat and Number or Rural Routa Number, City or Town, Stata) 405 Virginia Aulalia

29a. Certifiar (Check only one)

28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

27. Manner of Death

1 Natural

2XXAccident

3 Suicide

4 Homicide

LADDER ON BUILDING

Canberland Meryland

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2XXMedical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and title of certifier

29c. Licanse number O.C.M.E

29d. Date signed (Month, Day, Year) AUG. 12, 1997

30. Name and address of parson who completed cause of daath (Item 23a) (Typa, Print)
Theodore King M.D. 12, 1397

State Registrar 31. Date filed (Month, Day, Year) AUG1 3 1997 32. Registrar's Signature

TRUS

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Daeth

25712 3. Tima of Deeth

be executed and Box 68760 The law requires that the death certificete the 98 P.O. been signed by the should be detached Records, paga 2 certificate of Vital director, After this Division

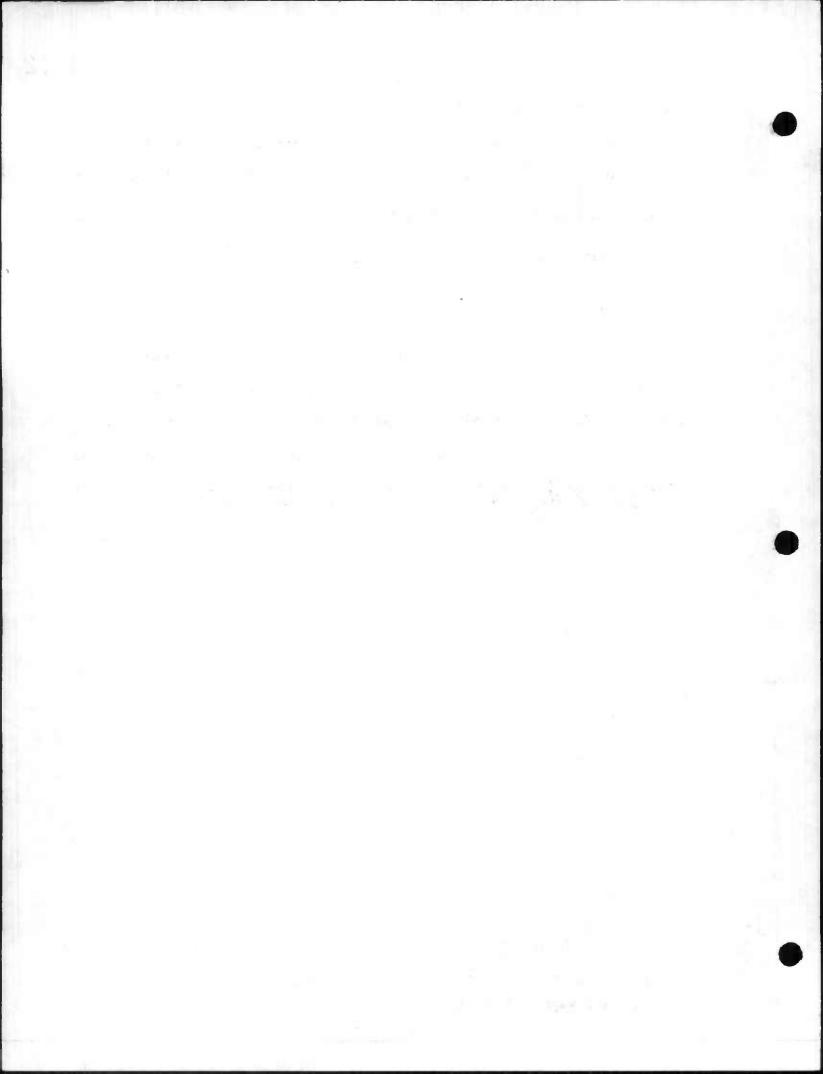
1. Decedant's Neme (First, Middle, Last)

**Physician** Month Dev HILDA VIRGINIA FRANKENBERRY AUGUST 13 1997 1:30 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner CUMBERLAND NURSING HOME CUMBERLAND ALL EGANY H Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Societ Security Number 7. Age (In yrs. lest birthday) **Funeral**  Birthplece (State or Foreign Country) 1□M 2ĬŎF Director Yrs 219-14-5808 74 JULY 19 1923 MARYLAND Usuei Residance of Deceden the Maryland 10e State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Madical Examiner must be notified at MARYLAND ALLEGANY CUMBERLAND Director 1X Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 items 23a 650 FAYETTE STREET 21502 Funeral U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours efter 1 ☐ Yes 2X No If Yas, Give Year or Detes: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 21 No by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad "natural", Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry nd Mantal Hygiana. marked other than Elemantery/Secondary (0-12) Cotlege (1-4or 5+) 12 HOUSE KEEPER HOUSE KEEPER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) th and Mantal F Pages 1 and 2 should be CHRISTOPHER MILTON SNYDER HILDA JUANITA HERSHBERGER 19e. Informent's Name/Retationship (Type, Print) 19b. Meiling Address (Streat and Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health a : If item 27 is or other tre CARLA S. SHOBER DAUGHTER 650 FAYETTE STREET CUMBERLAND MARYLAND 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removel from State permit. Page Department of important: If any injury or once. BETHEL CEMETERY AUGUST 16, 1997 CENTERVILLE, PA. 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signature of Funerel Service Liquid 22. Name end Address of Fecility MERRITT-ADAMS FUNERAL HOME ull 404 DECATUR STREET CUMBERLAND MARYLAND 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceusa on each tine. **Physician** /Medical Immediate Cause (Fine) disease or condition resulting in daeth) Examiner Examiner Covona on Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Diseese or injury that initiated events resulting in daeth) Lest Dua (or es e consequence of) Physician/Medicai Due to (or as e consequenca of) Pert II. Other significent conditions contributing to death by That resulting in the underlying causa given in Pert t. 23b. Did tobacco use contribute to the cause of death? elmor 1 Yes 2 No 3 Probably 4 ☐ Unknown by Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evalleble prior to completion of ceuse of daath? melleting 1 ☐ Yes 2 ☐ No Hospital or Attending Physicien: Be 25. Was case referred to madicat exeminer? 26. Plece of Deeth (Check only one) 20 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 ursing Home 5 Residence 6 Othar (Specify) 10 1 Yes 28a. Deta of Injury (Month, Dey Year) in by the funeral 27. Manner of Deeth Certification: 28b. Tima of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturet 2 Accident 5 Panding investigation 1 Yes 2 No 24 hours after death. 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledga, deeth occurred et the tima, dete and pteca, end due to the causa(s) and manner as steted.

| Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted. edical 29a, Certifier To the I within 2 29b. Signetura end title of confile 29c. License number 29d. Dete signed (Month, Dey, Year) 3 33280 nas 30. Neme end address of person who completed causa of daath (Itam 23e) (Type, Print) DR SUNIL K. GUPTA 625 KENT AVE. CUMBERLAND MARYLAND 21502 31. Date filed (Month, Dey, Year) AUG 1.5 62. Registrer's Signature State

**DHMH 16 Rev 6/95** 



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Thomas Maurice Ferguson, Jr. 1997 /Medical August 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Doctor's Community Hospital Prince George's Lanham If Under 1 Year 5. Social Security Number If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 110 M 20 F Director Yrs. 577-28-8629 73 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f ehow traumatic event, the Madical Examiner (nut) be notified at Director Maryland Prince George's Berwyn Heights 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5801 Quebec Street 20740 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, etc. 1 ⊠Yes 2 □ No If Yes, Give Year or Detes: 1 Never Merried 2K Married 1943-1946 1 ☐ Yes 2K No Specify: Specify: White Completed by

 Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Carpenter Edmar Corporation 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Thomas Maurice Ferguson, Sr. Helen Clara Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Noralee Ferguson - Wife 5801 Quebec Street, Berwyn Heights, Maryland 20740

11:30 pm

Birthplace (State or Foreign Country)

10d. Inside City Limits 1X Yes 2 □ No

Virginia

20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Maryland Veterans Cemetery8/18/97 Cheltenham, Maryland 21. Signature of Funeral Service Usersee

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, Md. 20781

22. Name end Address of Facility

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Immediate Cause (Final a. Acute Respiratory Failure
Due to (or as a consequence of): disease or condition resulting in death)

Chronic Obstructive Pulmonary Disease

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequença of):

3 ☐ Widowed 4 ☐ Divorced

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Congestive Heart Failure

24b. Were autopsy findings eveilable prior to completion of ceuse of death? 24a. Was an eutopsy performed? 2 X No 1 ☐ Yes 2 ☐ No

25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work?

Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

Medical 29e. Certifier Certifying Phyeician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. (Check only one) 29b. Signature end title of certifier 29c. License number

29d. Date signed (Month, Day, Year) D12015

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Steinberg

Landova Rd Landova MD Louis 6492 31. Date filed (Month, Day, Year) 32, Registrar's Signature

**DHMH 16 Bev 6/95** 

Registrar

AUG 14 18

Lomas Maurice Box 68760, P.O. 1

nd Mental Hygiene. marked other than

Pages 1 and 2 should be 1 nent of Heelth end Mental

permit. Pages 1 and 2 sh Depertment of Heelth end Important: If Item 27 is m any injury or other traum once.

**Physician** /Medical

**Examiner** 

the bunal-transit

for use as

9

director, page 2 should

filled in by the funeral

this certificate

Examiner

Physician/Medical

Completed

Be

Certification: To

Records,

The law requires that the death certificate be executed

Division of Vital

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica

10







1 3 3 1 1 W

State of Maryland / Department of Health and Mental Hygiene 97 25714

				Cei	rtificate of	f Death		Reg. No.		20111
Physician	Decedent's Neme (First, Middle						2. Dete of D Month	eath Dey	Year	3. Time of Death
/Medical	Sumie Yabe Fer	ia					August		1997	3:15 p.m
Examiner	4e. Fecliity Name (If not institution	n, giva street and nu	mber)			4b. City, Town,	or Location of Dea			
	Washington Adv	entist Ho	ospital			Takoma	Park	Montg	omer	v
uneral	5. Sociel Sacurity Number	6. Sex	7. Age (In yrs. la:	st birthday)	If Under 1 Yes	ar If Undar 24 I	Hrs. 8 Daie of B	irth	-	nplece (State or Fore untry)
rector	577-54-1842	1□M 2⊠F	65	Yrs.	Months Dey	s Hours A	Min. (Month, D March	29, 1932	Jap	untry) (an
edet	Usuei Residence of Decedant								1	
1	10a. Stata 10b. County		10c. City,	Town or Lo	cation				77	10d. Inside City Lin
The Medical Examiner must be notified at completed by Funeral Director	Maryland Princ	e George'	s Moun	t Rai	nier					1 ☑ Yes 2 □
Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of	Whet Co	untry?
	3147 Queens Ch	anol Posi	#201		20	712		II C A		
Funeral	11. Maritei Status		edent Evar in U,S.	13. \			(Specify Yes or N	U.S.A		rican Indian.
Ē	1 Navar Married 2 Marr	Armed Fo	rces?	- 1	f Yes, specify Cu	iben, Mexican, Pi	? (Specify Yes or Nuarto Rican, etc.)	Bie	ck, White	
by		if Yes, Giv Yeer or D	ve	1	1 ☐ Yes 2 ☒ No	o Specify:		Specia	fy: Ja	panese
8	15. Decedent		0.000	16a Doore	dent's Usuel Occ	unation		10h Kind of E		•
Completed	(Specify only highes	it grade completed)		(Give	kind of work don	e during most of red)	working	16b. Kind of E	susiness/i	naustry
臣	Elementery/Secondery (0-12)	College (1	1-4or 5+)			rea)				
	12			Insp	ector	T		Distri		hoto
a B	17. Father's Neme (First, Middle,	Last)				18. Mother's	Neme (First, Middle	e, Maiden Sumei	ma)	
P	Katsuja Yabe					(Una	vailable	)		
	19e. informant's Neme/Reletions	hip (Type, Print)		19b. Meilin	ng Address (Stree	et and Number or	Rural Route Num	ber, City or Town	, Stete, Z	ip Code)
	Fukoyo Suchecki	- Friend		5600	54th Ave	enue. #4	09 Rive	rdale. M	[arv]	and 2073
	20e. Method of Disposition		20b. Pie	ce of Dispo	sition (Name of natory or other pi		Dete	20c. Location		
	1 ☐ Buriei 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S)		State			•	0 /00 /07			
- SOUCE	21. Signature of Funerai Service		Met		itan Cre		8/08/9/	Alexand	dria,	Virgini
	21. Signardie di Furieral Service	0		Fr	Nema and Add	ress of recility	ons Fune	ral Home	D	٨
	1-lemy 2	Frenk		4/	39 Balt:	imore Av	enue, Hy	attsvill	e, M	d. 2078
	23e. Pert1. Enter the diseese, or shock, or heart failure. List	complications that c	aused the deeth.	Do not ente	er tha moda of dy	ying, such es care	diec or respiretory	errest,		Approximeta intervei Between
n		,								Onset end Deet
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듙		<b>р</b> Ь Н	epatoce1		1	oma			i	8 weeks
Examiner	Sequentielly list conditions, if eny, leeding to immadiete		Dua to (or e	s e conseq	uanca of):				de de	
	Sequentielly list conditions, if eny, leeding to immadiete cause. Enter Underlying Ceuse (Disease or injury	C. ———							į	
Medical	thet initiated events resulting in deeth) Lest		Due to (or a	s a consequ	uenca of):				į	
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Physician	Pert ii. Other significant conditio	ns contributing to de	eath but not resulti	ing in the ur	nderlying cause g	iven in Pert I.	23b. Did	tobacco use co	ontribute	to the cause of dea
y Physic							1	Yes 2K No	3 □ Pro	obably 4 Unkn
by P							_   '			,
							24e. We	s en eutopsy	24b. V	Vere autopsy finding
Completed							perl	formed?	a	vaileble prior to completion of cause
Comp										f deeth?
							1 🗆	Yas 2⊠No	1	☐Yes 2☐No
a a	25. Was case referred to medical examiner?						Deeth (Check only	one)		
2	1 ☐ Yes 2 ☒ No	Hospitai:	npatient 2 EF	R/Outpatien	t 3D DOA	other: 4 \( \text{Nursin}	g Home 5 ☐ Res	idence 6 🗆 Oti	har (Spec	ity)
	27. Mennar of Deeth	28e. Date of	of injury 2 th, Day Year) 2	8b. Tima of Injury	28c. Inj	ury at	28d. Describe	how Injury occur	rred	
ertification:	1 ☑ Neturei 5 ☐ Pending 2 ☐ Accident Investig	9	,, , , , , , ,	anjuly.		Yes 2 No				
150	3 ☐ Suicida 6 ☐ Could r	ned 286. Piece	of Injury - At hom	e, ferm, stre	et, factory, office	9			ber or Rui	ral Route Number,
ert	4 Homicide	buildin	ng, etc. (Specify)				City or To	own, State)		
2	29e. Certifier 127 Certifying	Physician: To the	hast of my knowle	adaa daath	convered at the	time data and all	non and due to the	a souss (a) and m		stated
edical		g Physician: To the Examiner: On the ba	asis of exeminetion	n end/or inv	estigetion, in my	opinion, deeth o	courred at the time	, dete end piece,	and due	to the ceuse(s)
ě	29b. Signature and title of cartifier		ioi siolou.		29c Hear	nse number		29d Date signs	ed (Month	Day Veer)
-	All All All All All All All All All All	MALON	A		250. LICE	ושוווטשו		29d. Date signs	. A	Day, rear/
	P TOWALK	W WW			D	23743		011	117	- 1
	30. Neme end eddress of person v	who completed caus	e of deeth (item 2	3a) (Type, I	Print)					
	Martin D. Welt	z	7525 G	reenw	av Cente	er Drive	#205, G1	reenhel+	. Md	20770
State	31. Dete filed (Month, Day, Year)	32. R	egistrer's Signetur	e	-J Jenee	- DITAE	الل وروعا	CCHET	.s .III.	. 20110
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DHMH 16 Rev 6/95

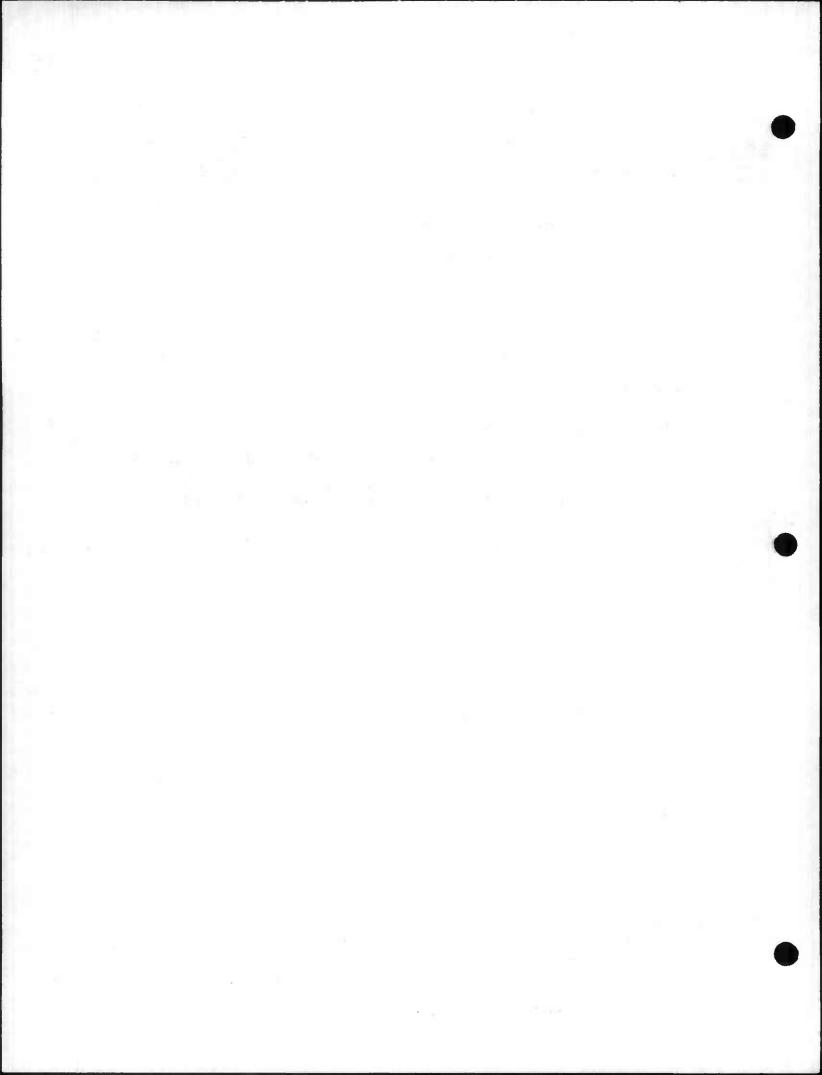
property and an arrangement

State of Maryland / Department of Health and Mental Hygiene

25715 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 9 Day 1997 MARY FOLEY August 9:40 AM EAVES /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Silver Spring 12001 Old Columbia Pike, #709 Montgomery If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Dec. 8, 1917 Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** 10 M 20 F Hours 403-12-4573 79 Vre Director Kentucky Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, tra Madical Examiner must be notified at 1 Yes 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12001 Old Columbia Pike, #709 20904 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 2 should be filled within 72 hours efter n and Mental Hygiene. Is marked other than "natural", or ite 1 ☐ Never Merried 2 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 █No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Family & Child Services of College (1-4or 5+) Elementary/Secondary (0-12) Social Worker C. permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If them 27 is marked other eny injury or other traumatic event, 906. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Etta Surrett James Eaves 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 12001 Old Columbia Pike, #709, Silver Spring, MD 20904 <u> Shirley Foley, Jr. - Husband</u> 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Lincoln Memorial Cem 8-15-97 Suitland, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22 Name and Address of Facility
Marshall s Funeral Home, Inc. Marshall 4217 9th Street N.W. Washington, DC 20011 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting In death) /Medical SUDDEN DEATH CARDIAL INSTANT Examiner Due to (or as a consequence of): Examiner buriel-transit The law requires that the death certificets be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events and Due to (or es a consequença of): Box 68760. physician Physician/Medical the t thet initieted events resulting in death) Last Due to (or as a consequence of): 80 0 P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? the 6 ALZ HIEMER'S 1 Yes 2 No 3 Probably 4 Unknown DISEASE Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en autopsy performed? Deed 390 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Was case referred to medical examiner?

1) Yes 2 □ No Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of After 1 Natural 5 Pending investigation death. 1 Yes 2 No 2 Accident Director: n 24 hours after deal he Funeral Director noietaly filled in by th 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide To the Hospital of hin 24 hours a to the Funeral D Ecertifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as stated.

Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and plece, end due to the cause(s) and menner stated. 29a. Certifier Medical cottee). 29b. Significan 29c. License number 29d. Date signed (Month, Dey, Year) D 28656 30. Name and adjust of person who completed cause of deeth (Item 23a) (Type, Print) 8609 SECOND AVE, # 404 B, S. SPRING, MD 20910 MD-31. Date filed (Month, Day, Year) 32. Pegistrer's Signature State AUG 15 The Durber Randall Registrar



State of Maryland / Department of Health and Mental Hygiene 97 25716

						Certi	ficate of	Death		Reg. No.	21	23710
			1. Decedant's Name (First, Middle, La	st)	17.				2. Dete of De		Year	3. Tima of Deeth
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	ne 2	era	11. Manital Status	12. Was Decedent Ev	er in U,S.	13. Was	Decedant of	Hispanic Orlgin?	(Specify Yas or No			rican Indian,
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examinat must be notified at	by	1 Never Merried 2 Married 3 Widowed 4 ∰ Divorced	Armed Forces?  Y Yes 2 No If Yes, Giva 19 Yaar or Datas:	45–47		is, specify Cub Yes Ż∭∑No	san, Maxican, Pua Specify:	arto Rican, etc.)		llack, White cify:Whit	
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	Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition rasulting in death)	b. PRTOR	ue to (or as a	consequence	force of):	ept.	n y	DISC	200	Onset and Death
Box 68760,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the bunal-transit	Medical	Sequentielty list conditions, if any, leeding to immediate causa. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in deeth) Lest	c. CPR	De to (or es e	consequen	mell	4014	MIA			
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(	3)		30. Name end eddress of person who delta Danilo G. Lee, N	1.D. 770	0 01d 1	Branc	'	, Clinto	n, Md. 2	0735		
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Neme (First, Middle)	, Last)	-	Ce	rtificate c	of Death	2. Date of Dec	Reg. No.	3. Time of Deeth
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	/Medi	al	MARY	<u>C'-</u>			Guk	ick	Augus		1997 11:40pm
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			Washington Adve	ntist Hosp	ital			Takoma	Park	Mon	tgomery
	Funerai		5. Sociel Security Number	6. Sex 7. /		lest birthday)	If Under 1 Ye	ar If Under 24 H	s. 8. Dete of Birt		Birthplace (State or Foreign Country)
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020	hours effer	by Funeral	1 ☐ Never Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced	Armed Forces ad 1 ☐ Yes 2 2 If Yes, Give Yeer or Dates	No		1 Yes, specify C		erto Rican, etc.)	Specify	
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21215-0020	d within 72 piena. r than "nat	Completed	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4o	r 5+)	(Give	kind of work do DO NOT use ret	ne during most of w ired)	orking		
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	1 and Health em 27		M. Diana French			1164 I	Duquesne	Road V	enice.Flo	rida 3	4293
5	of Head		20a. Method of Disposition			Plece of Dispo	sition (Neme of		Date		City or Town, State
DT.	age ant o tr: If i		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp		0		natory or other		0.440.400		
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	ъ	-	30. Name and address of person w	no completed cause of	deeth (Iten			0		1464/T	11, 1777
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth August 12, 1997 **Physician** Dorothy S. Gross 4:15 AM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 8. Date of Birth (Month, Dey, Ye SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2 F Months Deys Hours 172-14-2849 79 Yrs 1918 Pennsylvania Director Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland Frederick Middletown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Funeral 6709 Christmasberry Court 21769 United States

14. Race - American Indien,
Bleck, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2本 No If Yes, Give Yeer or Detes: 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 No White 2 3℃ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7 Department of Health end Mental Hygiene. Important: If item 27 is marked other than "n eny injury or other traumatic event, the Medionce. Elementery/Secondary (0-12) College (1-4or 5+) Recruiter U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Abraham Simon Sarah Caplitz 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Alan Gross (Son) 10305 Nolan Dr., Rockville, Maryland 20850 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☐ Bunal 2 ☐ Cremetion 3 ☐ Removel from State Mt. Comfort Crematory 8-13-97 Alexandria, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture Licenses 22. Name end Address of Fecility Danzansky-Goldberg Mem. Chapels., Inc. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest. 20852 Approximete Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in death) Cardio Pulmonary Arrest Due to (or es e consequence of): Right Parietal Infarct 2 Days Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical exeminer? 28. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide Medical 29a. Certifier 1 🖾 Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) August 12, 1997 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Sameh A. Aly, 481 N. Frederick Ave., # 230, Gaithersburg, MD. 32. Registrar's Signature State

Registrar

the Maryland r 28a-f show

72 hours after

Baltimore, Maryland 21215-0020

tem 27 is marked other than "natural", or items 23s or other traumatic event, the Medical Examines rough that

**Physician** /Medical

Examiner

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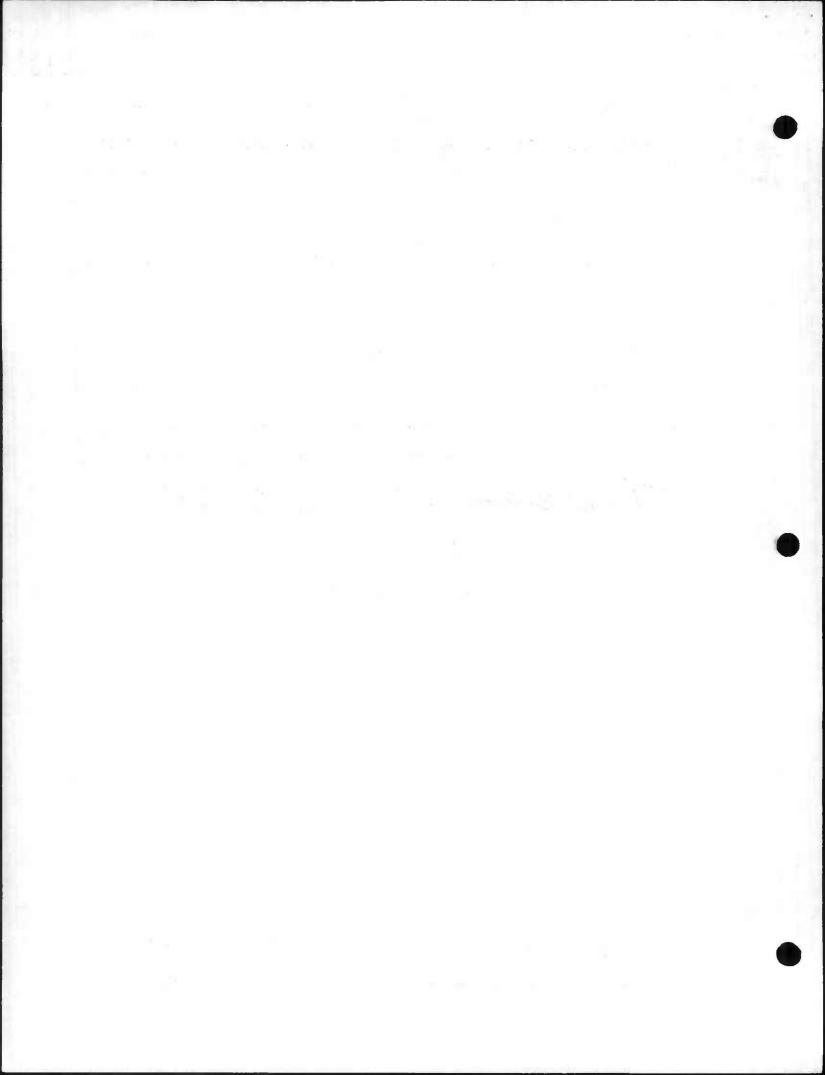
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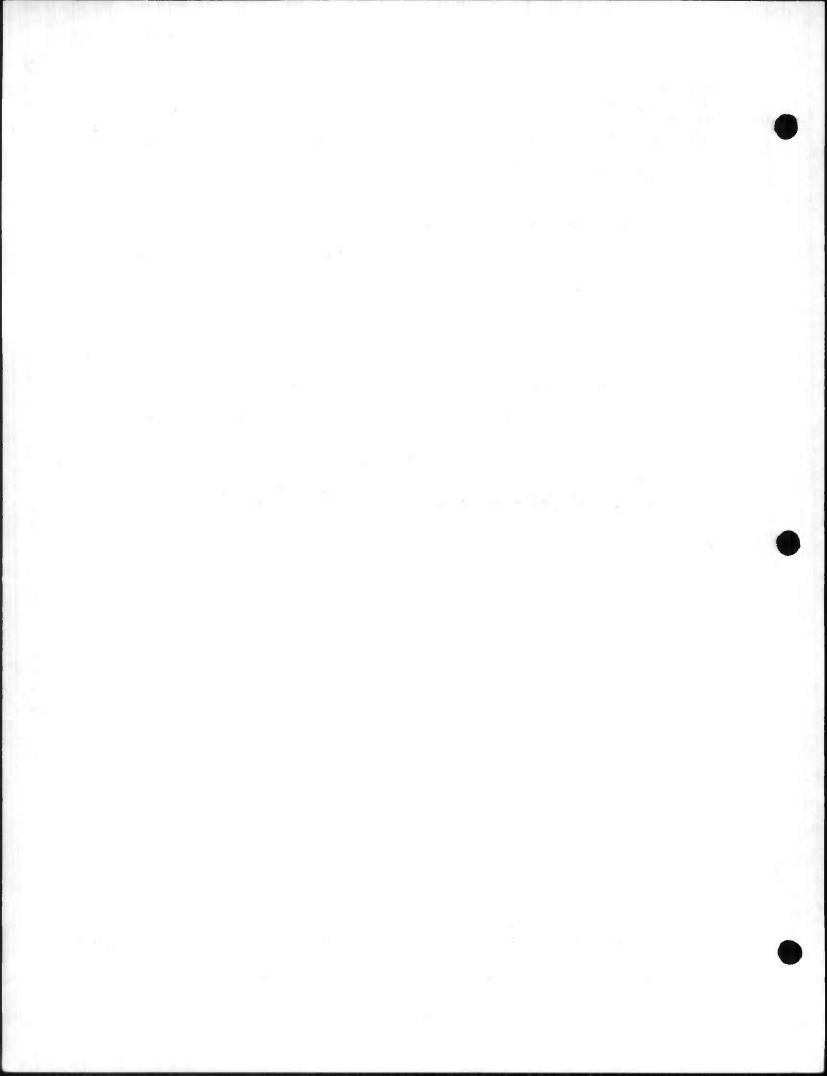
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State of Maryland / Department of Health and Mental Hygiene

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	or Item	/ Funeral	11. Marital Status  1 □ Never Merried ※※ Mar	ried Armed Fo	2X No		was Deceda If Yes, specif 1 ☐ Yes 2			gin? (Spe 1, Puerto I	ecify Yas or No- Rican, etc.)		eck, Whita,		en,
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	ding P	O.	27. Menner of Death  1 Neturel 5 □ Pendir	28a. Date of (Mont	of Injury h, Dey Year)	28b. Time of tn <del>i</del> ury		c. Injun Worl			28d. Describe h	ow Injury occ	urred		
		cati	2 Accident investi				М	10	Yes 2□	No					
	or Attended efter deet Director: Jin by the	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	ined 286. Place	of Injury - At honing, etc. (Specify)	ne, farm, str	eet, factory,	office		2	28f. Location (S City or Town		nber or Rure	el Routa	Number,
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	o the	Me	29b. Signature and title of certifie	r	)		29c.	License	number		2	9d. Dete sign	ned (Month,	Day, Ye	9 <i>ar</i> )
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			30. Neme and address of person	who completed cause	e of deeth (Item :	23a) (Type,	Print 1	廿	400	R	clevelle	MI	208	52	
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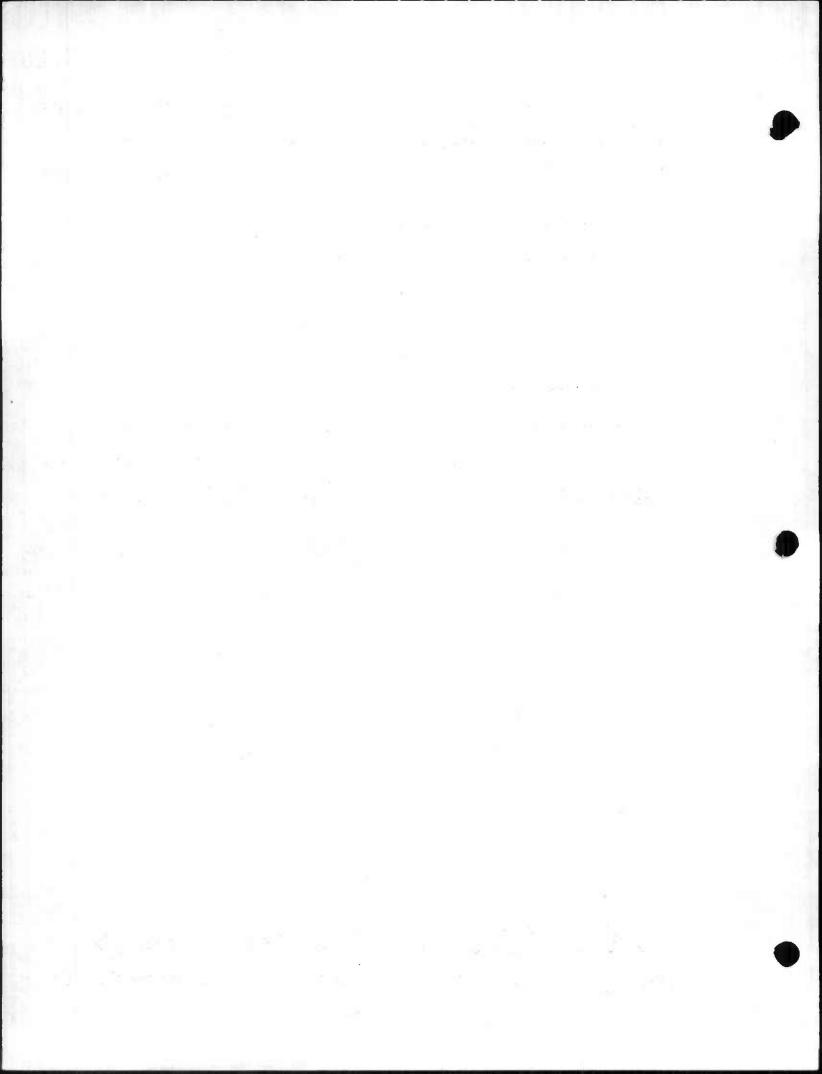
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Certificate of Death

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3. Tima of Death 2:20PN County of Death Montgomery 9. Birthpiace (Stata or Fon County) New York  10d. Inside City Lin 1 Yes 20 izen of What Country?  IS 14. Raca - American Indian, Black, White, atc.  Specify: White ind of Businass/Industry  Retail Sumama)  10witz 10 Town, Stata, Zip Coda) 10 Ca. 94117 10 Cation - City or Town, Stata
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y occurred  d Number or Rural Route Number, )  and mannar as stated. placa, and dua to tha causa(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25721 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death **Physician** Month August 9, 1997
cation of Deeth 4c. County of Death /Medicai Richard Richter Georg
4a. Facility Nema (If not institution, give street end number) 11:00 P.M. 4b. City. Town, or Location Examiner 36443 Garrett Highway Accident If Under 24 Hrs. Garrett 5. Sociel Security Number If Undar 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funerai** XM 2□F Months Deys Hours Min Yrs. Director 217-30-1532 Usuel Residence of Deceder 62 Nov. 9, 1934 Maryland daath with the Maryland 10e. Stete 10b. County Show 10c. City, Town or Location 10d. Inside City Limits na 23a or 28a-f show Funeral Director 1 ☐ Yes 2 ☑ No MD Garrett Accident 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 36443 Garrett Highway 21520 USA 12. Was Decedent Ever In U.S. Armed Forces? 1. ☐ Yas 2 ☐ No If Yes, Give Korean Yeer or Datas Conflict Herra ! 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - Amarican Indian, Bleck, Whita, atc. The Medical Examiner Pagas 1 and 2 should be filed within 72 hours after 1 Never Married 2 Merried 8 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowad 4 Divorced Specify: White natural Completed 15. Decedent's Education (Spacify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) 12 Livestock Dealer Livestock other traumatic event. Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be if Health and Mentel Itam 27 Is marked o 2 Raymond Georg Margaret Richter 19e. Informent's Neme/Retetionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Patricia A. Friend/X-Wife P. O. Box 432, Waynesburg, PA 15370 Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e Method of Disposition 20c. Location - City or Town, Stete permit. Pagas 1 Department of H Important: If its any Injury or ot once. 1 Buriel 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Zion Cemetery, Aug. 13, Accident, MD 21520 21. Signature of Funeral Service Licensaa 22. Name end Addrass of Fecility Newman Funeral Homes, P.A., 179 Miller St. P. O. Box 275, Grantsville, MD 21536

23e. Pert1. Entay the disease, or complications that caused tha deeth. Do not antar the mode of dying, such es cardiac or raspiratory arrest,

Approximately a such as a such a such a such a such as a such a such as Approximeta Intervel Between Onset and Deeth **Physician** /Medicai Immediate Ceuse (Finel Years disaese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner Tha law requiras that the death certificate be axecuted attending physician and for use as the bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or as a consequenca of) Pert II. Other significant\_conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by the 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. ð 24b. Were autopsy findings evailebla prior to complation of cause of deeth? Completed 24e. Wes an eutopsy performed? cartificata 1 Yas 20 No 1 ☐ Yes 2 ☐ No or Attanding Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 ☐ Nursing Home 5 💢 Residenca 6 ☐ Other (Specify) After this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturei 2 Accident 5 Pending Investigation daath. 1 Yes 2 No To the Hospital or Attandi within 24 hours after death. To the Funeral Director: A 6 Could not be determined 3 ☐ Sulcide 3 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to tha cause(s) end menner es steted.

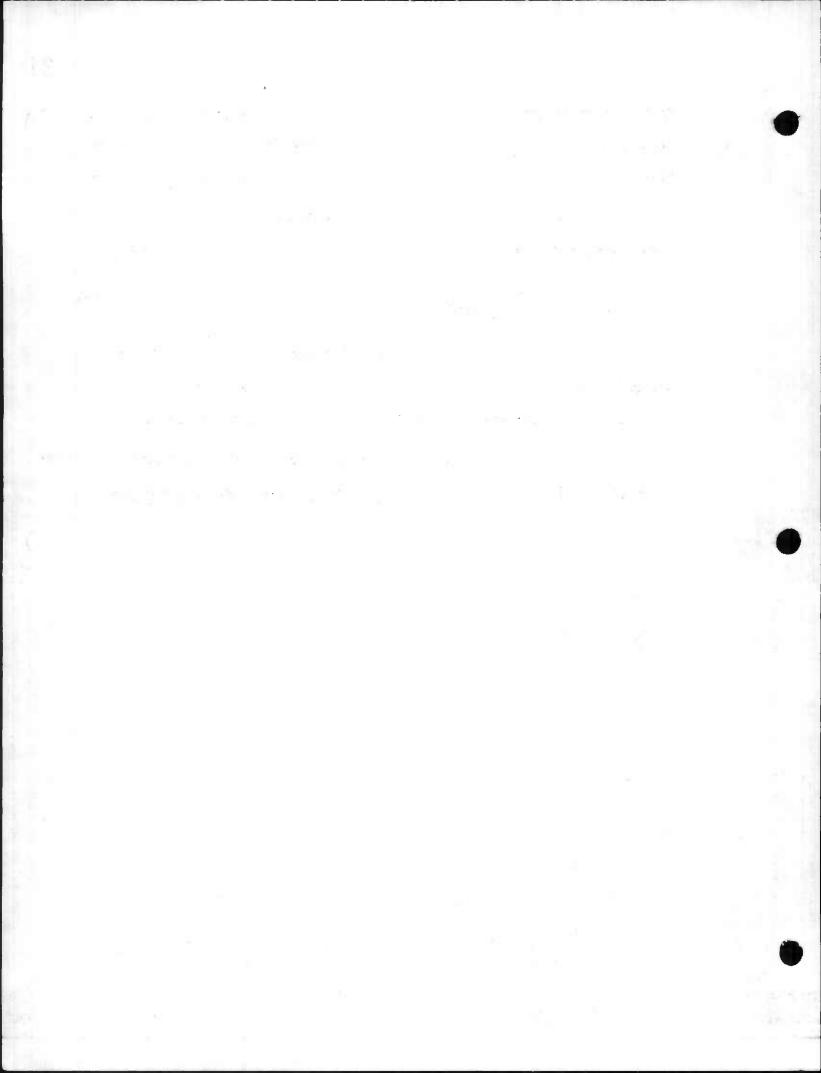
2 Medical Examinar: On the bests of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete and plece, end due to the ceuse(s) end manner steted. (Check only 29b. Signetura and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) B 033280 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MA

State Registrar 31. Dete filed (Month, Day, Year)

AUG 1 2 1997

32. Registrar's Signeture

LEZSKENT AV. CUMFERLANDMD



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25722 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death Month 00 20 Diane Marie Green 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 810 Hicks Avenue Allegany Cumberland 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) MD 1□ M 21 F Months Days Hours Min. Yrs 214-62-4500 44 Aug 6. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Cumberland Allegany 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 810 Hicks Avenue 21502 USA 11 Marital Status 12. Was Decedent Evar in U.S. Was Decedant of Hispanic Orlgin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puarto Rican, etc.) Race - American Indian, Biack, White, etc. Armad Forces? 1 ☐ Yes 2 ☑ No It Yes, Give 1 Never Married 2 Married 1 ☐ Yas 2 X No Specify: 3 ☐ Widowed 4 ➡ Divorcad Specify white 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 12 John Humbird School Retired Librarian 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maldan Sumame) C. William Dailey Kathleen J. (Lloyd) 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Kathleen Hill-mother 606 Kent Avenue Cumberland MD 21502 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other placa) Data 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Hillcrest Memorial Park 08/06 Cumberland MD 21. Signature of Funeral Ser vice Licensee 22. Name and Address of Facility Scarpelli Funeral Home Cumberland MD 21502

Physician /Medical **Examiner** 

The lew requires that the death certificate be axecuted

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cartificata has

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

**Examiner** 

10a State

MD

**Funeral** 

Director

show

28a-f

items 23a or

permit. Pegas 1 and 2 should be filed within 72 hours after Department of Haalth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or item any Injury or other traumatic event.

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

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Completed

Be 2

death with the Maryland

by Physician/Medical

Completed Be

Examiner 25. Was case reterred to medical examiner?

1 Ves 2 No

1 Watural

3 Suicide

2 Accident

4 Homicide

29b. Signature and title of certifiar

Certification: To Medical ( 29a, Certifier

attending physician and for use as the bunisl-trar director

27. Menner of Death

Hospital or Attending Physician: s efter death.

al Director: After this c within 24 hours el To the Funeral C completely filled 12 1265

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State Registrar

ations that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, couse on each line. 23a. Part1. Enter the shock, or heert asthma attack Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence ot): Due to (or as a consequence of):

Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

anic depression

1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

5 Pending investigation

6 Could not be determined

28e. Place of Injury - At homa, farm, street, tactory, office building, etc. (Specify)

28b. Time ot

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Homa

28f. Location (Street end Number or Rural Route Number, City or Town, State)

28d. Describe how Injury occurred

24a. Was an autopsy performed?

1 ☐ Yes

2 1 No

5 ☐ Rasidenca 6 ☐ Other (Specify)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. DUNTLUF. MANGER

29c. Licanse number

29d. Data signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy tindings availabla prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

Approximate intarval Betw

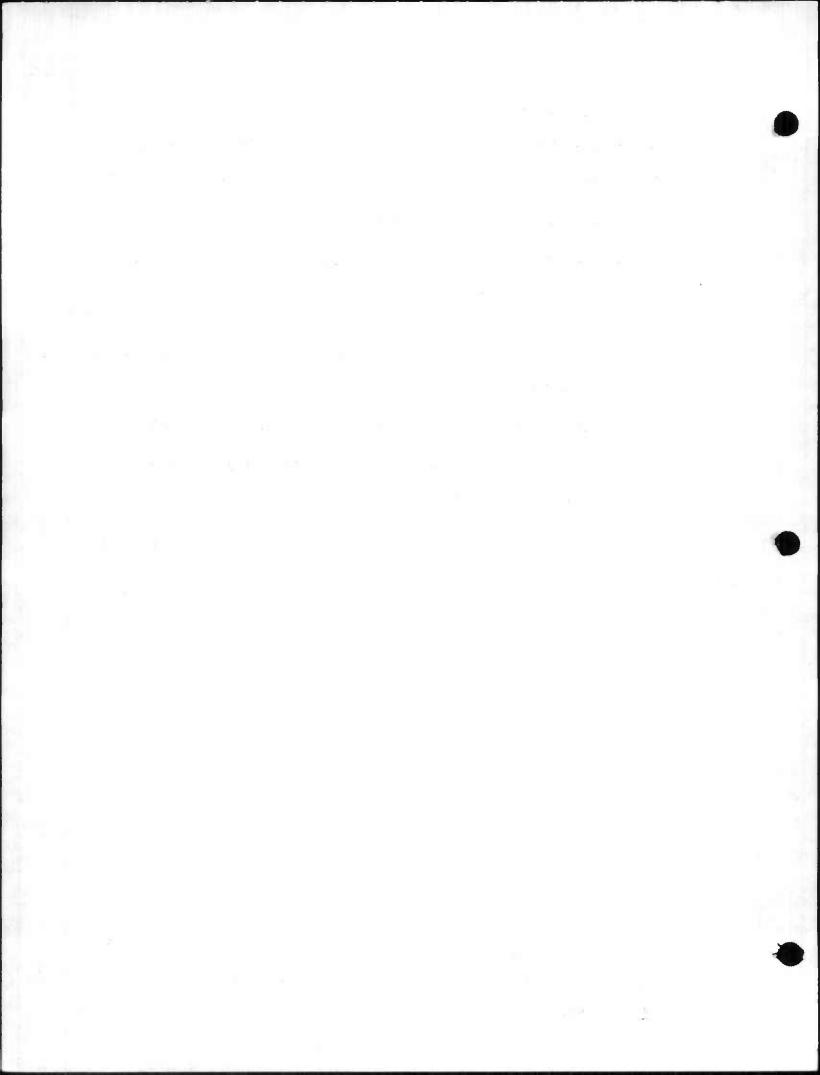
Onset and Death

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 11600 Benfura JONALD MANGER

ROAD NES (4mbetlann MD 2150)

26. Place of Death (Check only one)

31. Date tiled (Month, Dey, Year) AUG 0 6 1997 Registrar's Signatura



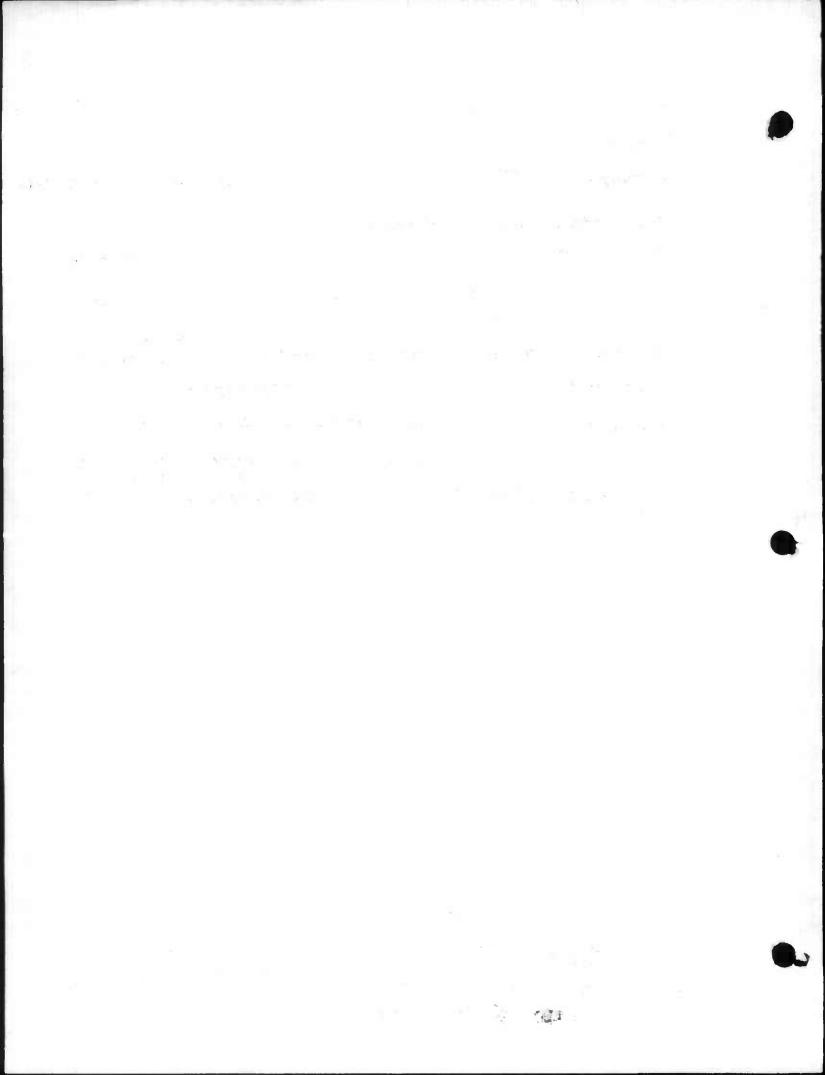
State of Maryland / Department of Health and Mental Hygiene 25723 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Day Yeer **Physician** DIANE . B. 4 illen Water 1230pm 10 97 08 /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. Clty, Town, or Location of Death 4c. County of Deeth Examiner Heartland Healthcare of Adelphi 180 | Metzrot Rd. If Undar 1 Yaar | If Under 24 Hrs. | 8. | Months | Deys | Hours | Min. | 5. Sociel Security Number 7. Age (In yrs. last birthdey) Data of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1□ M 2□F Yrs. 51 Director 234-72-9057 Usuel Rasidence of Deceden 07-16-46 West Virginia the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show treumatic event, the Modical Examiner must be notified at MYes 2□No Director Prince Georges MD. Bladensburg 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with Hygiene. 4402 53rd Place 20710 United States Funeral 12. Was Decedent Ever in U,S Armed Forcas? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 ☐ Yas 2 ☒No If Yes, Give ☒ Year or Dates: 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yas 2 No þ Specify: Black ₩Widowed 4 Divorced Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Day Care Provider & Elementery/Secondery (0-12) College (1-4or 5+) 12 years 2 years U.S. Marshal Service Beauty Consultant permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy,
Important if Nem 27 is marked othe
any Injury or other treumatic event,
once. 17. Father's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meidan Surnsme) Be Frank French Julia Johnson 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 53rd Pl., Bladensburg, MD. 20710 Dana G. French 20b. Pleca of Disposition (Neme of cematery, crematory or other plece) 20c. Location - City or Town, Stata 20e. Method of Disposition Dete Burlei 2 Cremation 3 Removel from State ☐ Donetion 5 ☐ Other (Specify) Boone Memorial Park 8/15/97 Madison, W. VA. 21. Signatup of Funaral Sarvice Licensea 22. Neme end Address of Facility 4804 Georgia Ave, NW Jurner JAMES E. VANN F.H. Washngton, D.C. 20011 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, or heart feiture. List *on*ly one cause on each line. Approximete Intervsl Between Onset and Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting in deeth) Examiner COLON CANCER Examiner The law mequires that the death certificate be assecuted attending physician and for use as the burial-transit Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseese or Injury that Initiated events rasulting in death) Lest Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy tindings available prior to completion of causa of death? 24a. Was sn sutopsy performed? Completed peed that it **Dage 2** 1 ☐ Yss 2 ☐ No certificate Attending Physician: 25. Wes case rafarred to medical axaminer? Be 26. Pleca of Death (Check only ona) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1□ Yes 2☑No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 當 28e. Dete of Injury (Month, Day Year) 27. Mennar of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of Attar 5 Pending investigetion 1 Neturel death. 1 ☐ Yas 2 ☐ No 2 Accident Director: 3 Sulcide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) after A 4 Homicide To the Hospital of Within 24 hours of To the Funeral Discontiled in Control of the Control of th Hospital edical 29e. Certifier Cortifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the ceuse(s) and menner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signature and title of Continue 29c. License number 29d. Deta signed (Month, Dsy, Year) 30. Name and eddress of person who completed cause deeth (Itam 23a) (Type, Print)

State Registrar 31. Data filed (Morth, Dey, Yeer)

**AUG 12** 

32. Registrar's Signatura

The Stubber Roydall



State of Maryland / Department of Health and Mental Hygiene 0.7

vsician		<ol> <li>Decedent's Name (First, Middle</li> </ol>	, Last)					2. Dete of De	ath		3. Time of Deeth
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by Funeral Director	-	0a. State 10b. County		10c. Ci	ty, Town or Location					10	d. Inside City Limits
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2		Oe. Street end Number			101.	. Zip Code			10g. Citizen of	What Counti	ry?
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n		shock, or heart failure. List q	one cause on eac	h line.						1	Interval Between Onset and Death
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State of Maryland / Department of Health and Mental Hygiene 0.7

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show stat	10a. Stete	10b. County		100	c. City, Town	or Location							1	10d. Inside City
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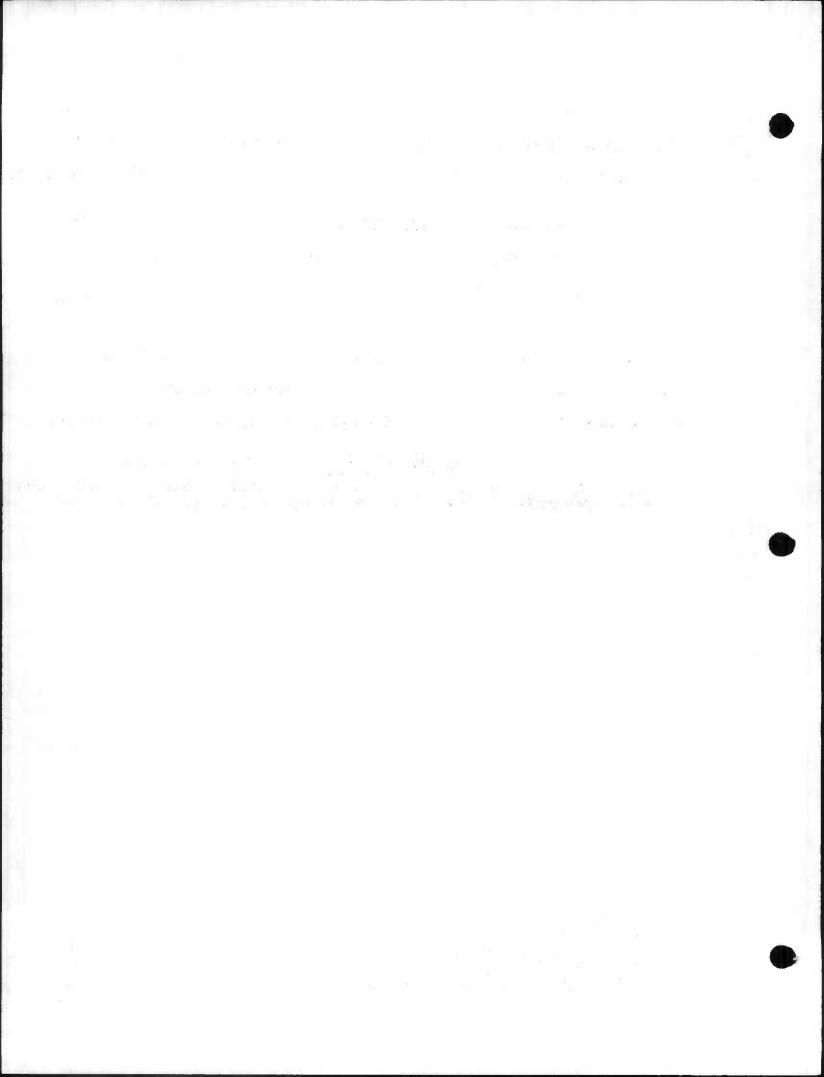
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State of Maryland / Department of Health and Mental Hygiene 9 7

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Augenth Elaine Suser Haskell 1500 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Queen Anne's QUEENSTOWN U.S. 50 AT BLOOMINGDALE ROAD | H Under 1 Year | H Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | May 28, Sex X 5. Sociei Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** Months Yrs 1927WASHINGTON, DC Director 70 579-40-3372 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits ral', or items 23s or 28s-f shore Examiner must be notified at XXYes 2 No Directo MD MONTGOMERY CHEVY CHASE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 72 hours after death with 3715 UNDERWOOD ST. 20815 USA Funerai 12. Wes Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indian, Black. White, etc. 1 ☐ Yes 2 💢 No If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: WHITE ð Specify: If Yes, Give Year or Dates: 3 Widowed 4 Divorced "netural". Completed event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 HOUSEWIFE OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 12 should be fi merked ISADORE SUSER GERTRUDE COHEN 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) . pemil. Pages 1 and 2 Department of Health a Important: if frem 27 is any injury or other trai BORIS HASKELL 3715 UNDERWOOD ST., CHEVY CHASE, MD 20815 20b. Piaca of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) CHESAPEAKE CREMATION 8-13-97 CHESTER, MD CENTER, I.L.C. 13-97CHESIER, MD
FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 21. Signature of Funerei Servica Licenses FSP Rusnam 200 S. HARRISON ST., EASTON, MD 21601 23a. Part1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Physician bent. Undline /Medical Immediata Causa (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last bunal-tran Due to (or as a consequence of) physician s the burial P.O. Box 68760 Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 gTUnknown Division of Vital Records, þ 24a. Was an autopsy 24b. Ware autopsy findings Completed peen : aveilable prior to completion of cause of death? has page 2 certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: director Be 25. Was case raferred to medical 26. Placa of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 2 Residence P 1⊠Yes 2□ No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 6/Other (Specify) this After this 27. Manner of Death 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? Natural
Accident
Suicide 5 Pending Velucle Accident 1 Yes 2 No Molor within 24 hours after death.
To the Funeral Director: A completely filled in by the fi death. investigation 8-8.87 1500 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Queenston dele Road 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(a) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Certifier Medical (Check only one) the 29d. Date signed (Month, Day, Year) 29b. Signature and title 29c. License number 205754 30. Name and address of person who complated cause of death (tem 23a) (Type, Print) Dr. Ralph Libby P.O. Box 458,204 Medical Center Rd., Grasonville, MD 21638 31. Data fiiad (Month, Day, Year) 32. Registrar's Signature State Julia Davidson-Randall Registrar

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Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

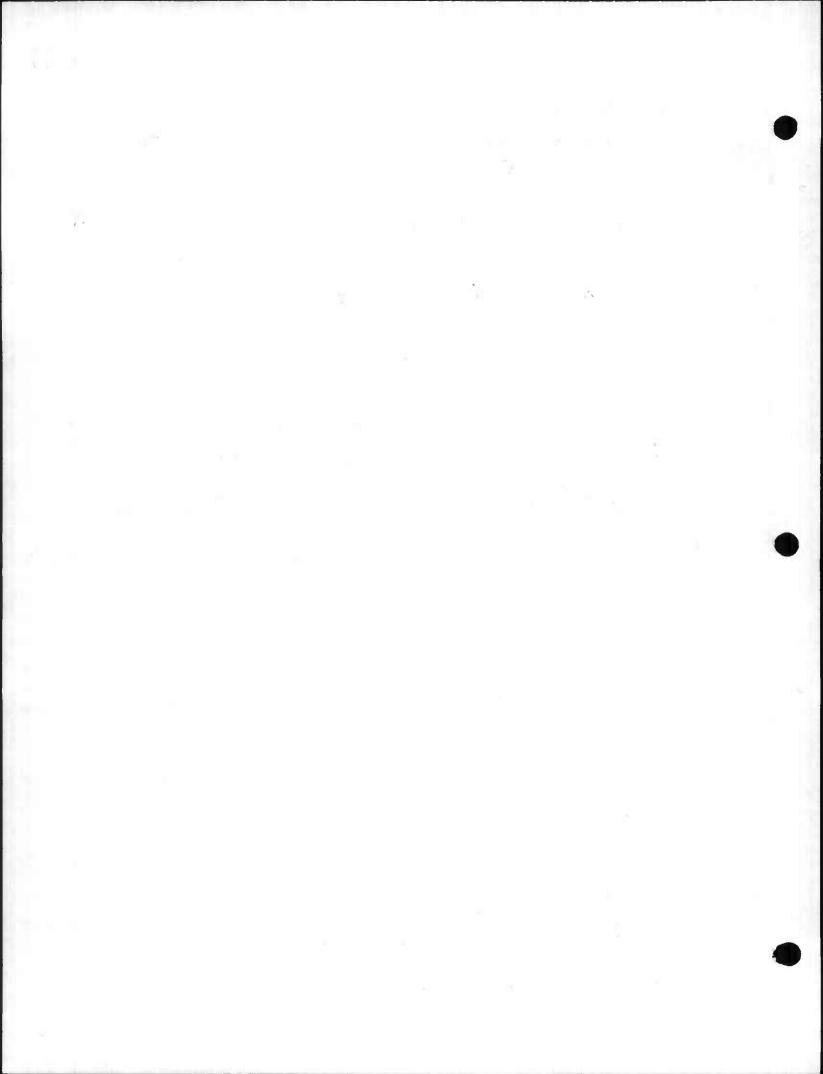
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State of Maryland / Department of Health and Mental Hygiene

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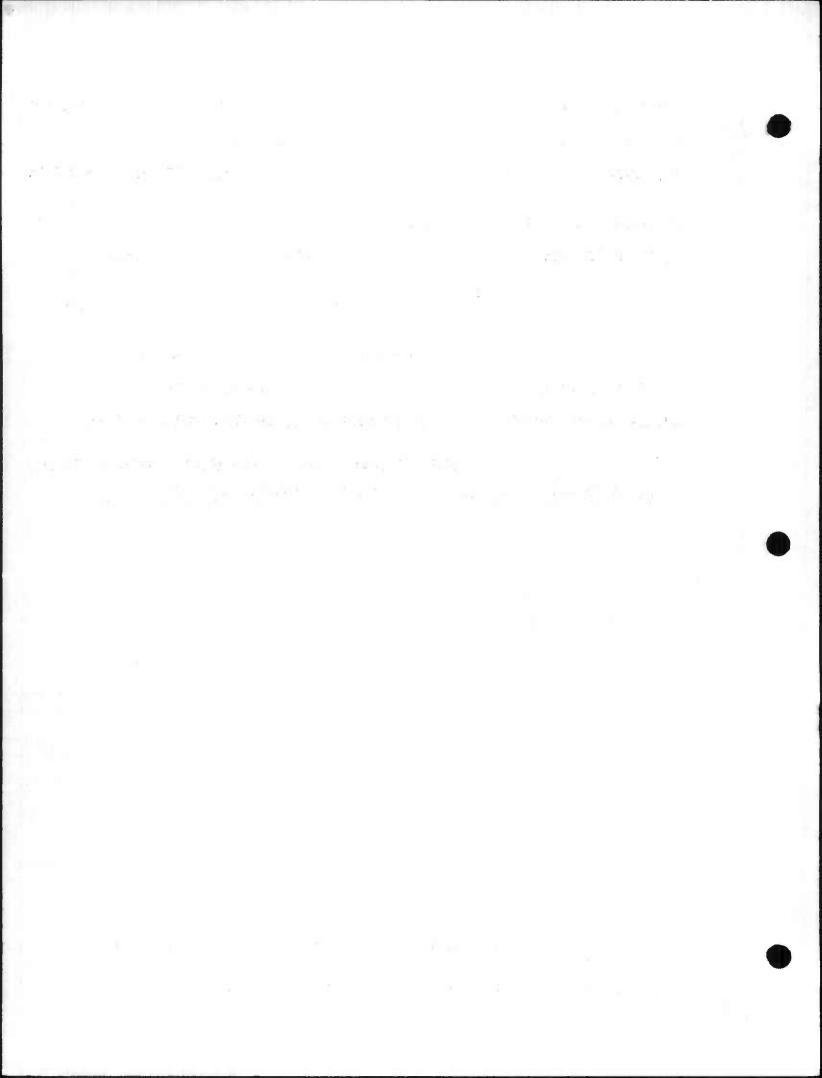
SI Regist



State of Maryland / Department of Health and Mental Hygiene 97 25728

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	ledica	1 .	Lucy Victoria										-03 HII
Exa	amine	r	4a. Facility Name (If not Institution, given 3460 Forest Dr		r)			1	Wald	Location of Death	Char	clos	
					ne (in vrs	. last birthday)	If Und	er 1 Yeer	If Under 24 Hrs	OJ. L	Cliai	0 Siebolass	Ctata as Familia
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yland w	1	- 1-	10a. Stete 10b. County		10c. C	ity, Town or Lo	ocation						side City Limits
Mar.	Dan d	5	MARYLAND CHARI	ES	W	ALDORF						1	Yes 2 No
or 28	Director of	5	10e. Street and Number				10f. Z	ip Code			10g. Citizen of	Whet Country?	
23a			3460 FOREST DRIV	/E				2	0601		U.	S.A.	
21215-0020  Within 72 hours after death with the Maryland jiene. Then "natural", or terms 23a or 28a-f ahow	by Funeral		11. Marital Stetus  1 ☐ Never Merried 2 ☐ Married  3 【 Wildowed 4 ☐ Divorced	12. Wes Deceden Armed Forces 1  Yes 2 Y If Yes, Give Yeer or Dates	? No		Wes Dec If Yes, sp		lispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Red Bla Specifi	ce - American Ind ck, White, etc.	
2 ho	1	3	15. Decedent's E	ducation		16a. Dece	dent's Us	ual Occup	ation		16b. Kind of B	usiness/Industry	
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	Re A		17. Father's Name (First, Middle, Last	)					18. Mother's Na	me (First, Middle,	Melden Suman	ne)	
W 0 5 0 0			CLARAH W. GAYLI	E					LUI	A A. PR	INCE		
Aar 2 she and and is m			19a. Informant's Name/Relationship (							DORF, M		State, Zip Code 20601	)
		1	20e. Method of Disposition			Place of Dispo	sition (Na	ame of	ne)	Dete	20c. Location	- City or Town, S	itate
Pagas Pagas mt: If its	5		1 XBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		9	NSET ME			,	AUG 14,1	997 CH	ESTER, V	IDCINIA
Baltimo permit. Page Department of Important: If	DOCE		21. Signature of Funeral Service Lice	nsee	00.		2. Name a	nd Addre	ss of Facility			LJILN	INGTIATY
m ases	8		MARK G. BROHAWN	MOODES	~					AL HOME,		20604	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	M00053	d the dee	th. Do not ent	er the mo	de of dyin	ig, such es cardie	ALDORF, I	rest,	Appr	roximate
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LAMIN			resulting in death)	W	Due to (	or as e consec	to eaneup	):					
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P.O. hat the do do by the deteched	hy							outoo g					4 Dunknown
S, Fe se the se	3 1												
Division of Vital Records, P.O. Box or Attending Physician: The law requires that the death cer after death.  By After this cartificate has been signed by the attending in by the funeral director, case 2 should be described for use	Pe										an autopsy med?	avalieble	topsy findings prior to
W W 2	J Q	-										complete of death	on of cause ?
The law ata has be page 2 s	00									101	es 2 No	1 ☐ Yes	2 No
/ita	Be		25. Wes case referred to medical examiner?						26. Place of De	ath (Check only o	ne)		
Of Vita Physician:	ျှ	2	1□ Yes 2ENo	Hospitel: 1 Inpat	lent 2	ER/Outpatler			4 🗆 Rursing i	tome & Resid	lenca 6 □Oth	er (Specify)	
Ing P	Certification:	1	27. Manner of Death` 1 ☑Netural 5 ☐ Pending	28a. Dete of Inj (Month, D	ury a <i>y Year)</i>	28b. Time of Injury		28c. Injun Work		28d. Describe h	ow Injury occur	red	
VISION Attending r death. Petor: After	cat		2 □ Accident investigation 3 □ Suicide 6 □ Could not b		. 100		М		Yes 2□No				
OIVI or At Sher of Direct	1		4 Homicide determined	28e. Place of In building, e	ijury - At h tc. (Speci	iome, farm, str <i>fy)</i>	eet, facto	ry, office		28f. Location (S City or Tox		ber or Aural Rou	te Number,
Division of Vital Re To the Hospital or Attending Physician: The is within 24 hours after death. To the Furneral Director: After this cartificate has completely lifed in by the funeral director.	lical C	29e. Certifier (Check only one)  39e. Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner on the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and end manner stated.								anner as stated.	ause(s)		
the mpla	8		Une)	end manner s	tated.								
F.25.8		200, Etc						29c. License number 29d. Dete signed (Month, Day, Year)					
		-	- freeze	1 (-	10	JVVV					8/1	17/	
		3	30. Name and address of person who		,			700	F 93	.,	000	4.6	
1	SAGA	2	Krishan Mathur 31. Date flied (Month, Dey, Year)	, M.D			OX Z	129	, La PI	ata, MI	2064	46	
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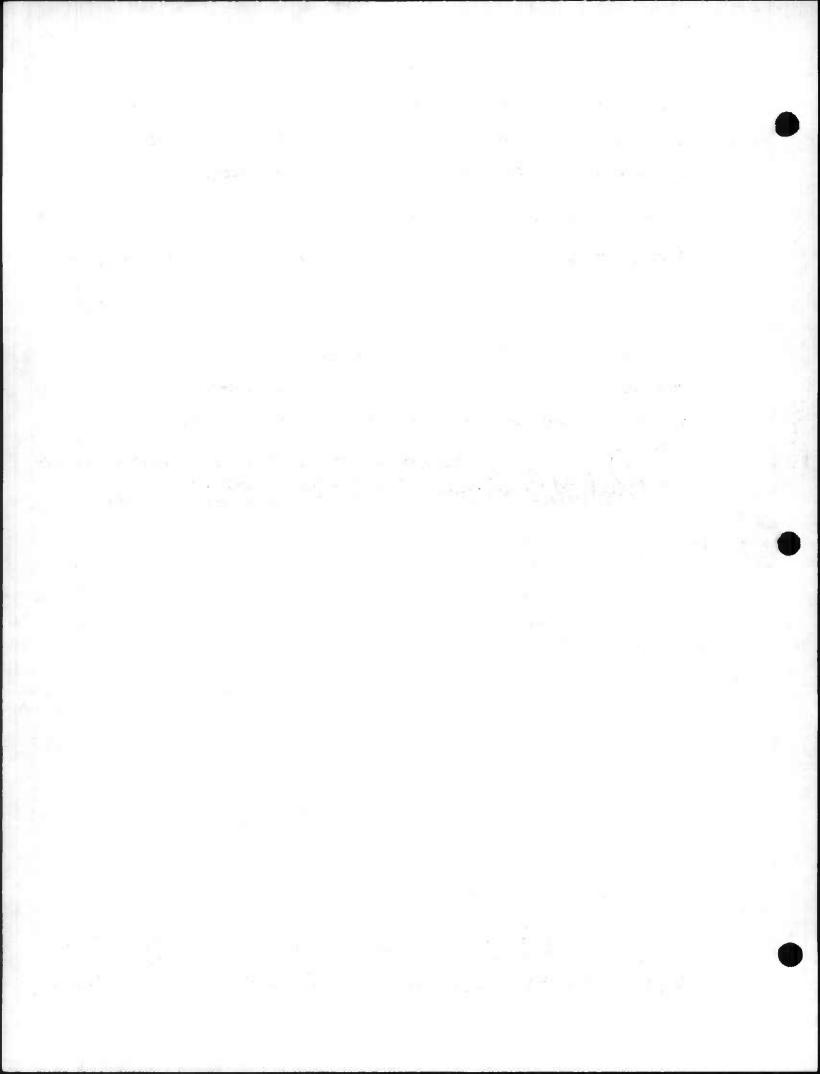
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 25729 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** ELIZABETH 5:55 AM SMITH HAMILTON AUGUST /Medical 4e. Fecility Neme (Il not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GENESIS HEALTH CARE CENTER LA PLATA CHARLES If Under 1 Yeer if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** 9. Birthpiece (State or Foreign Deys Months Hours 216-40-8713 Yrs **Director** 92 VIRGINIA AUGUST 6, 1905 Usuei Residence of Decedent filed within 72 hours efter death with the Maryland 10e. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumetic event, the Medical Examiner must be notified at Director MARYLAND CHARLES 1 Yes 2000 WALDORF 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 234 10960 BERRY ROAD 20603 UNITED STATES Funerai Hema 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ê No If Yes, Give Year or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 14. Rece - American Indian. Bleck, White, etc. 1 Never Merried 2 Married 5 Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Nidowed 4 □ Divorced "naturel", WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry el Hygiene. Coilege (1-4or 5+) Eiementery/Secondery (0-12) 12 HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 12 should be fill the end Mentel H ROGER P. SMITH 9 IDA SYDNORE HUDSON 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Pages 1 end 2 s ment of Health er 10960 BERRY ROAD, WALDORF, MARYLAND 20603 WILLIAM SMITH HAMILTON - SON item 27 other 1 Baltimore, 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, Stete permit. Pages Depertment of Important: If it any injury or o 2/□ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 Other (Specify) WALDORF, MARYLAND OAKLAND CEMETERY AUGUST 15, 1997 THE HUNTT FUNERAL HOME, INC. MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 23a. Pert1. Erfter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medicai Immediete Cause (Finel disease or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be executed physician and s the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Box 68760. Physician/Medicai Que to (or as a consequence of) ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t Unknown 1 ☐ Yee 2 ☐ No 3 Probably Completed by 24b. Were eutopsy findings 24e. Wes en eutopsy peen eveileble prior to completion of cause of deeth? page 2 certificate 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physicien: 25. Wes case referred to medical Be 26. Piace of Deeth (Check only one) Other: 2 25 No 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Nursing Home 5 Residence 6 Other (Specify) this 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Yeer) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Affer 5 Pending investigation Naturei death. 2 Accident 1 Yes 2 No Director: 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 Homicide n 24 hours ef the Funeral Di pletely filled in Hospital certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

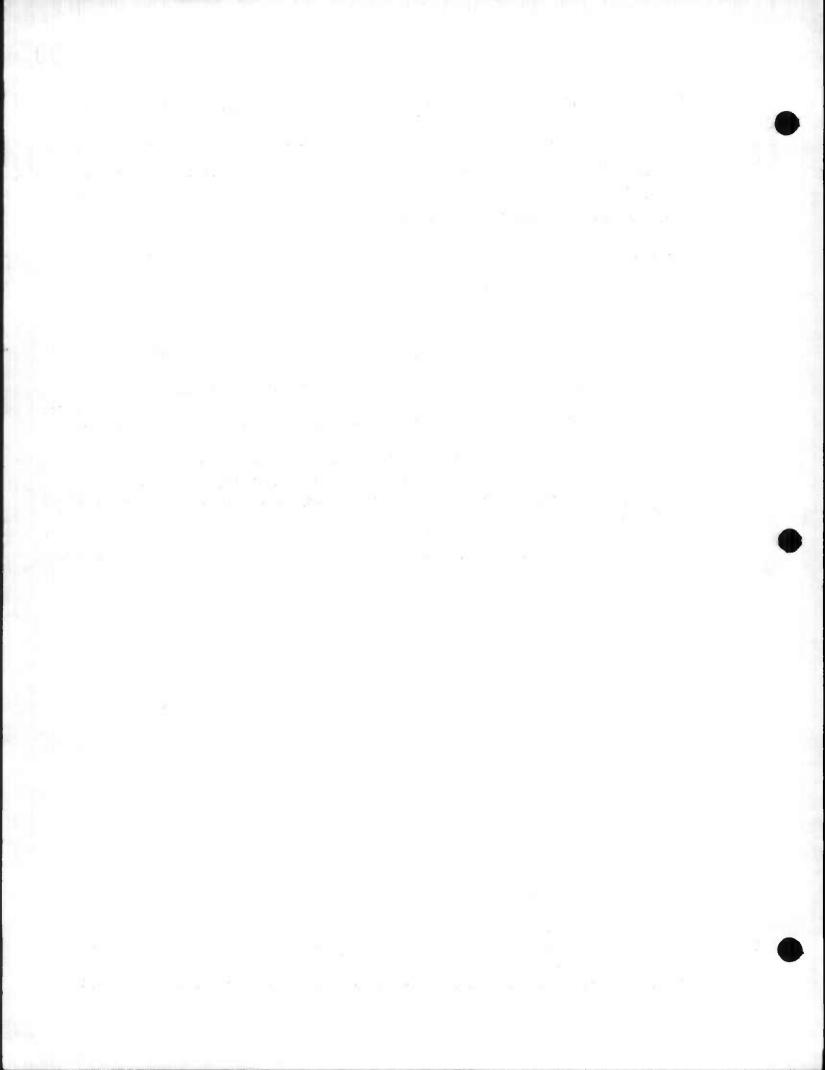
Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical To the 29b. Signature and title of certifier 29d. Detersigned (Month, Day, Year) d address of p leted cause of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

Studior Rardall



State of Maryland / Department of Health and Mental Hygiene 97 25730

					Certifica	te of	Death		Reg. No.	21	40	100
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Exam		4a. Facility Nema (If not institution, giv		3.1011			4b. City, Town,	or Location of Deetl		unty of Death		) / AIL
		5415 Barker Plac	9				Lanham		Drin	ce Geo	1	
Funera	T	5. Social Sacurity Number 6. S		(In yrs. last bir		r 1 Year	If Undar 24 H	frs. 8. Data of Bir				
Director		577-26-0121 Usual Rasidance of Decedant	□M 21X F	91	Yrs. Months	Days	Hours N	Irs. 8. Data of Bir (Month, Da Jan . 14	y, Year) ,1906	Wash	intry) Lingt	tate or Foraig
show	2	10a. Stata 10b. County		10c. City, Tow	or Location							da City Limits
r 28a-f	Director	Maryland Prince  10e. Street and Number	George's	Lan		p Coda			10g. Citizen	of What Cou		189 2 2 2 140
3a o		5415 Barker Place	2			2070			II C	A		
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s 1 and 2 should be filed within 72 hours efter death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or frems 23a or 28a-f show other treumstic event, the Medical Examiner must be notified at	by Funeral	1 Never Married 2 Married 3	Armed Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Detes:		If Yas, sp	ecify Cub	an, Maxicen, Pu Spacify:	erto Rican, atc.)		Black, Whita		
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should to	2	Thomas D. Farran					Caro.	line Herb	ert			
2 sho and is me		19e. Informent's Name/Reletionship (	Type, Print)	19b	Maiting Address	s (Street	and Number or	Rurel Route Number	er, City or To	wn, Stete, Zi	p Code)	20710
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permit. Pages 1 end 2 Department of Health s Important: If frem 27 is any injury or other tre once.		20a. Mathod of Disposition		20b. Placa of	Disposition (Ne	ma of		Data		on - City or T		
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		•	epartment of Certificate of			Reg. No.	1	25731
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Bessie L. Ho	llis				August		997	9:00 AM
e. Facility Nama (If not institution, giva	street and number)			4b. City, Town, o	Location of Deeth			
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Frank J. Hollis		99	13 Mayfiel	d Drive	Bethesd	a, Mary	land	20817
De. Method of Disposition		20b. Pleca of l	Disposition (Neme of crematory or other pi	ece)	Dete	20c. Location	City or To	own, Stete
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Signature of Fynerel Servica License		NOCK CI	eek Cemete 22. Nama and Add		8/11/97	wasning	LOIL	
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3a. Part 1. Enter the disease, or compli			500 Unive	rsity Blv	d.,W.,Si	lver Sp	ring	MD 20901
3a. Part 1. Enter the disease, or compli- shock or heart feilure. List only or	ications that caused the	na death. Do no	500 University of the mode of dy	rsity Blv ring, such es cardi	d., W., Si	lver Sp	ring,	Approximete Interval Between
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199732. Registra Signature

State Registrar

Physicia /Medic Examin

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Depertment of Heelth and Mentel Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Evanires must be notified at once.

Physician /Medical **Examiner** 

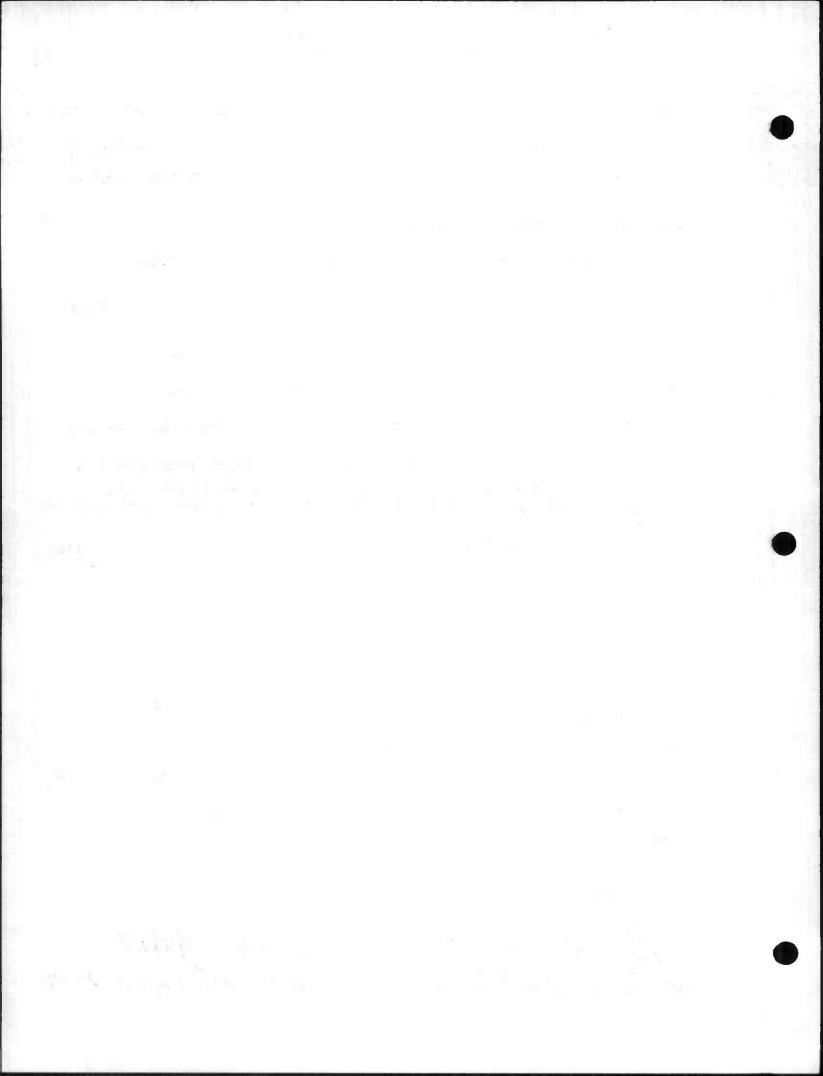
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

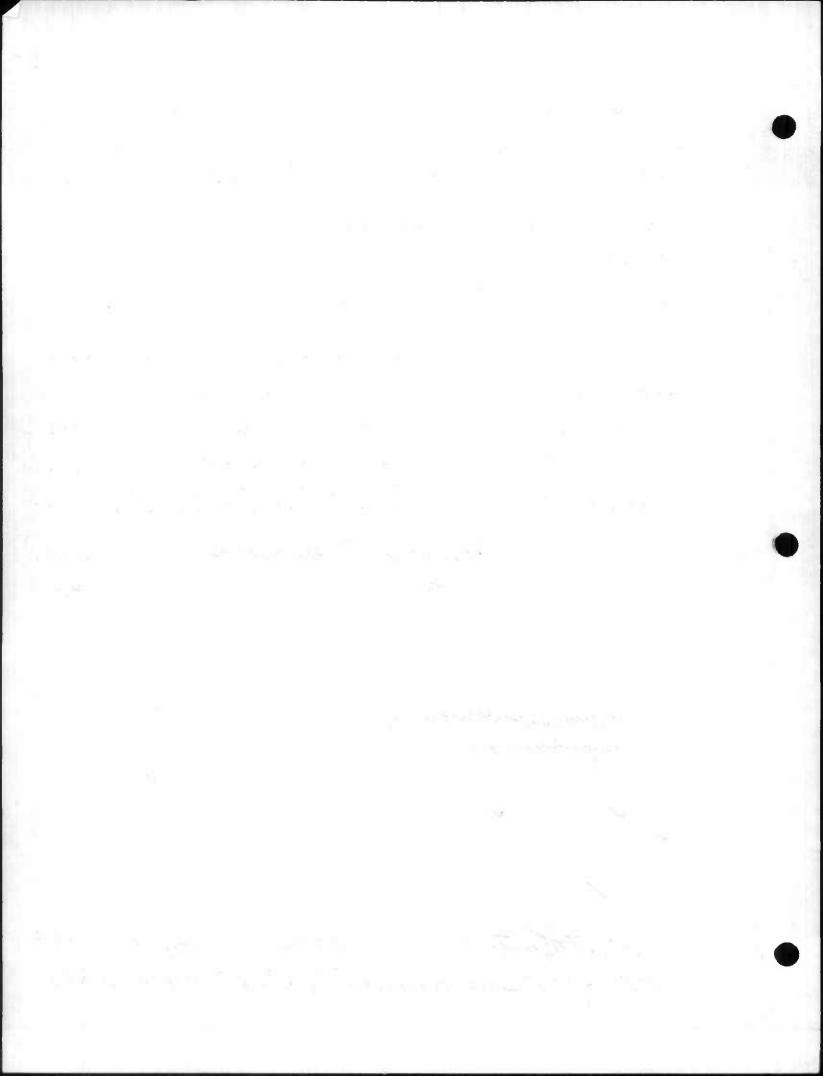
Baltimore, Maryland 21215-0020

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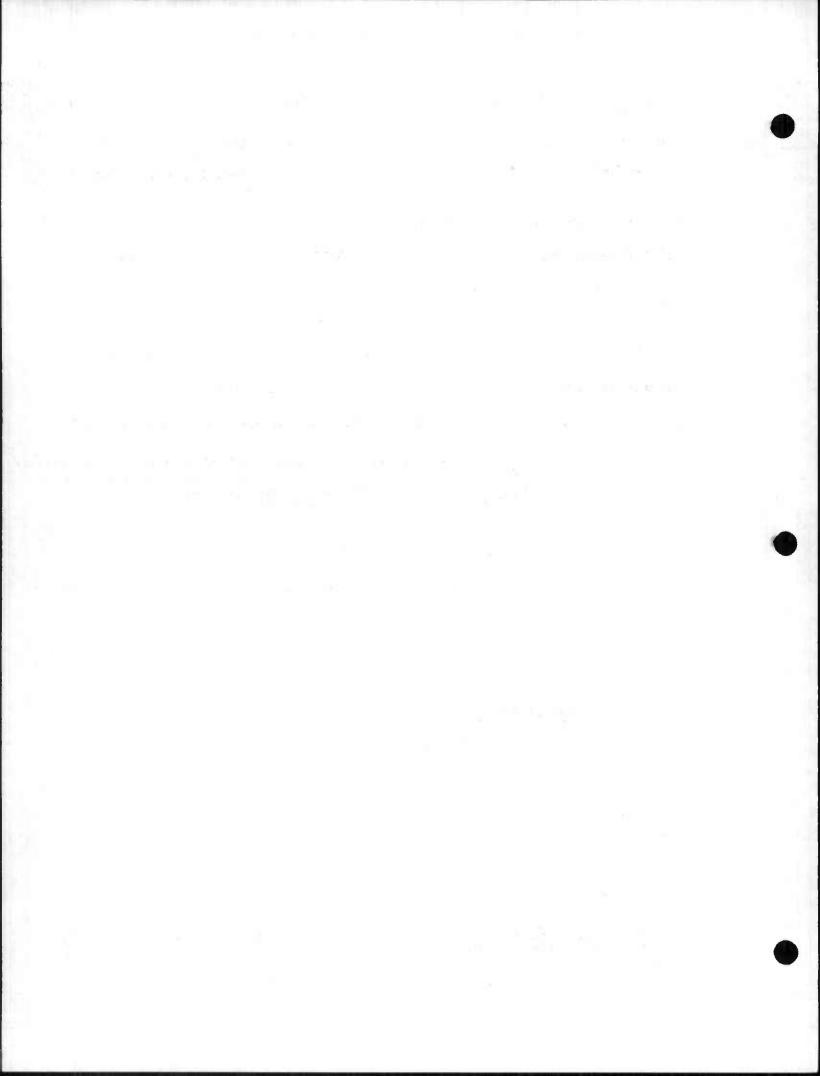
State of Maryland / Department of Health and Mental Hygiene 97 25732

			C	ertificate o	f Death	R	eg. No.	1 231	32
ysician	1. Decedant's Name (First, Middle, a	.ast)				2. Data of Deel	th Dey	3. Time	of Death
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Nasimiei	Montgomery Gene	al Hospita	1		01ney				
nerai		Sax 7. A	ge (In yrs. last birthda	y) If Under 1 Yas	If Under 24 Hrs.	8. Data of Birth	Montg	9. Birthplece (State Country)	or Foreign
ctor	224-60-3280 Usuel Residence of Decedent	1□M 2ਊF	81 Yrs.	Months Day	s Hours Min.	Jun. 29,		South Car	
Funeral Director	10a. Stata 10b. County		10c. City, Town or	Location				10d. Inside	City Limits
ctor	Maryland Montgo	merv	Silver	Spring				1 □ Ya	s 2∏No
Director	10e. Street and Number			10f. Zip Code		1	0g. Citizan of W	/het Country?	
	3701 Internation	al Drive		2090	16		U.S.A		
by Funeral	11. Maritel Status  1 Navar Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give	Ever in U,S. 13		Hispenic Origin? (Sp ben, Mexican, Puerto	pecify Yas or No- Rican, etc.)	14. Rece	e - Amarican Indian, k, White, etc.	
	15. Decedent's	Yaar or Dates:	160 Do	nadantia Haval Ona	unation		10h Klad at 0	White	
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	12		Admi	nistrativ	e Assista			Governme	nt
Be	17. Father's Neme (First, Middle, La				18. Mother's Nam	e (First, Middle, M	Malden Sumem	e)	
5	Ruben Cassells				Anne	Watson			
	19e. informant's Neme/Reletionship	(Type, Print)			et and Number or Ru				
	Henry J. Hoffma 20a. Method of Disposition	n	1809	Alberti	Drive Si	lver Spr	ing,Mar	yland 209	02
	1 ☑ Burial 2 ☐ Cremetion 3		Carriarory, C	amatory or other pr	ace)				
	4 □ Donetion 5 □ Other (Spec		Zion Pre	esbyteria	n Church	3/16/97 (	Chester	South Car	rolina
Bos	21. Signatura of Funeral Sarvice Lic	ensee		22. Name and Add	ress of Facility Collins				
0	23a. Part1. Enter tha disaase, or co shock, or heart feilure. List on	DIEV		500 Unive	rsity Blv	1WSf	lver Sp	ring MD 2	0001
an al er	shock, or heart feilure. List on Immediata Cause (Final diseese or condition resulting in deeth)		spiration	on Pr	eumoi			Hour	Death
iner			Due to (or es e cons	equence of):				Day	5
Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying	U.	Due to (or es a cons	equenca of):					7
Medical	cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	C	Due to (or as a cons	equence of):				i	
		d							
Physician/	Pert II. Other significant conditions			underlying cause g	given in Pert I.	23b. Dld 1o	bacco use con	tribute to the cause	of death?
by Phy	Hypero	holeste	rolewic	2		1 🗆 Y	2 D No	3 Probably 4	Unknown
Completed b	Hyper	holeste	×			24a. Was e		24b. Were autopsy eveileble prior completion of of death?	to
E O						1□Ye	s 2000	1 ☐ Yes 20	□No
Be	25. Wes case referred to medical exeminer?				26. Plece of Dear	th (Check only on	e)		
70	exeminer? 1 Yes 2 No	Hospital:	ent 2 ER/Outpet	ient 3 DOA	Whor	ome 5 Reside		or (Specify)	
	27. Manner of Deeth  1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigati	28a. Dete of Inju (Month, Da	rv 28b. Time	W		28d. Describe ho			
Certification:	3 ☐ Suicide 6 ☐ Could not determine	28a. Place of Inj	ury - At home, farm, c. (Specify)	street, factory, office	•	28f. Location (St. City or Town		er or Rural Route Nu	m <i>ber</i> ,
edicai	29e. Certifier 1 Certifying F (Check only one) 1 Medical Ext	hyeician: To the best miner: On the basis of and menner st	f examinetion and/or	eth occurred et the Investigation, in my	time, dete and plece, opinion, deeth occur	and due to the ce red et the time, de	euse(s) end mer ate end plece, a	nner as stated. and due to the cause	(s)
ĕ.	29b. Signeture endattle of certifier	10		29c. Licar	nsa number	25	9d Data signed	(Month, Day, Year)	41.0
	30. Name and address of person who work to the control of the cont	Duity,	ns	Dz	7930	/	hyus?	13,19	97
	30 Neme end eddress of person who	completed cause of d	leath (Item 23e) (Typ	e, Print)	Lip DAZ	12 OLIV	EY, 142	2083	2
State	31. Dete filed (Month, Aug 2 4	1907 32. Registr	ars Signature	מל			7/		



State of Maryland / Department of Health and Mental Hygiene Q7 25722

				•	(	Certificate of	Death	F	leg. No.		20100
	Physici	an	1. Decedent's Name (First, Middle, Last)	_			4.5.	2. Dete of Dea Month		Year	3. Time of Death
	/Medi		YASMIN DAVI	D		1+7	ADFED	AUG		997	1030
	Examir	ner	4e. Facility Name (If not institution, give street and	number)			4b. City, Town, or		4c. County	of Death	
L			Holy Cross Hospital	T			Silver S			gomer	_#
	Funeral Director		5. Social Security Number 6. Sex 1 □ M 2 🗵 F	7. Age (In yr.	s. last birth Y	Months Days	If Under 24 Hrs Hours Min.	8. Date of Birth (Month, Dey Apr. 16	, 1930	9. Birthpi Count Pales	lace (State or Foreign try) Stine
	land ow ft		Usual Residence of Decedent  10a. State 10b. County	10c. 0	City, Town	or Location				10	Od. Inside City Limits
	the Maryland 28a-f show notified at	tor	Maryland Montgomery	R	ockvi	11e					1 ☐ Yes 201 No
	r 28a	Director	10e. Street and Number			10f. Zip Code		1.	0g. Citizen of V	What Count	try?
	th wit		13011 Freeland Road			2085	3		II	SA	
21215-0020	72 hours after death with the Marylar natural', or items 23e or 28e-f show dicel Examiner must be notified at	by Funeral	1 Never Married 2 Married 1 Yes,	ecedent Ever in Forces? es 2 12 No Give r Dates:	U,S.	13. Was Decedent of H If Yes, specify Cub- 1 ☐ Yes 2 ☒ No		pecify Yes or No- o Rican, etc.)	14. Rac	e - America ck, White, e	
2	n 72 hours "netturel", edical Exa	ted	15. Decedent's Education	-0	16a. D	Decedent's Usual Occup Give kind of work done ife. DO NOT use retire	pation	4.4	16b. Kind of Bu	usiness/Ind	ustry
2	swithin jene. The Med	Completed	(Specify only highest grade complete Elementary/Secondary (0-12) College	e (1-4or 5+)	7			King			
	Hygier therth		12			Homemaker				Home	
Maryland	2002	Be	17. Father's Name (First, Middle, Last)  Aziz Hishmeh					me (First, Middle,	Maiden Suman	ie)	
2	d Mend d Men marke martic	2	Aziz Hishmeh  19a. Informant's Name/Relationship (Type, Print)		10h I	Volling Address (Street		Hishmeh	City on Town	Ctata 7/a	Codel
Wa	nd 2 s sith an 27 ls of trau		Paul Hadeed / Son			Meiling Address <i>(Street</i> 20 LaSalle					20872
ē,			20a. Method of Disposition	20b.		Disposition (Name of cremetory or other place		T	20c. Location -		
ê	Pages natt of nrt: if the rry or o		1⊠ Burial 2 □ Cremation 3 □ Removal fro 4 □ Donetion 5 □ Other (Specify)			f Heaven Ce		2/15/07	Silven I	Conin	2 Manual
Baltimore,	permit. Pages 1 a Department of He Important: If them any Injury or other once.		21. Signature of Funeral Servica Licensee	00	ACC 0.	22. Name and Addre	ss of Fecility Hi	nes-Rina	ldi Fun	eral	Home
ø	997.8		(homa) . My	umi		11800 New	Hampshi	re Avenu	2		
			23a. Part1. Enter the disease, or complications the shock, or heart feilure. List only one ceuse of	used the de	ath. Do no	Silver Sp t enter the mode of dyir	ng, such es cardia	c or respiratory arr	20904 est,		Approximate
	Physician		4	7						1	Intervel Between Onset and Death
	/Medical		Immediate Ceuse (Final disease or condition	eure	An	nsequence of):	rebral	Inju	ry		2 DAYS
	Examiner	L.	resulting in death)	O Due to	(or as e co	nsequence of):			0		
	pe is	line	b	Kosp	ua	tory &	west				2 DAYS
	rtificate be executed ng physician and as the buriel-transit	edical Examiner	Sequentially list conditions, if eny, leeding to immediate	Due to	(or as a co	nsequente of):					
68760,	be e	al E	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events								
687	ntificate ing phys e as the	edic	resulting in deeth) Last	Due to	(or as a co	nsequenca of):					
Вох	S G	≥ .	d								
m .	that the death ce ed by the attendir deteched for use	Physician/	Part II. Other significant conditions contributing to	death but not re	scuiting in t	he underlying cause aix	en in Part I	23h Did to	hacco use co	ntribute to	the cause of death?
P.O.	t the by the	hys					en in raiti.				ebly 4 Unknown
S,	res that igned to	by F	rospiran	7	Tuc	ceire					
ord	The law requires that the death ate has been signed by the atter page 2 should be deteched for u	Completed	Thromb	outo	pen	1a		24a. Was a perfor		ave	re eutopsy findings lileble prior to appletion of cause
Rec	e law has	dw								of d	leath?
Ø		7 1	0.5 W						es 2 No	10	Yes 2 No
5	Physician: r this certificated director,	o Be	25. Was case referred to medical examiner?  Hospital:	District of	7500	otions all post Oth	0.51	ath (Check only or			
o	는 무현	-	27. Menner of Death 28a. Da	te of Injury	28b. Tir	atient 3L DOA	4 LI Nursing F	lome 5 Reside			)
o	ading tth. : Afte	ation	1 Neturei 5 □ Pending (M 2 □ Accident investigation	onth, Day Year)	inju		k? Yes 2 □ No				
Division of Vital Records,	or Atter after des Director in by th	ertification:	3 Suicide 6 Could not be determined 28e. Pts	ica of Injury - At ilding, etc. (Spec	home, farn cify)	n, street, factory, office		28f. Location (S City or Town		er or Rural	Route Number,
	To the Hospital or Attending Ph within 24 hours after death.  To the Funeral Director: After thi completely filled in by the funeral	edicai C	29a. Certifier (Check only check on check on check on check on check on check on check on check on	basis of examir	nowledge, on ation end/	deeth occurred at the tire investigation, in my o	ne, dete end piace pinion, deeth occu	, and due to the c rred at the time, d	euse(s) end me	enner as ste	eted. the cause(s)
	ithin it	~	and mi	anner stated.							
)	<b>≥</b>		30. Name and address of person who completed on UIRONDIA K. SAXE	al Clare	mer	Cunetar	D30112	-	AUG	12 (	99)
•			30. Name and address of person who completed or	use of deeth (Ite	om 23a) (T	(pe, Print)	ine CI	R- 00	70. 1	us .	406.00
			VIRENDRA K. SAXE	MA.	ICOV	cer cross	1	o come	U-7	الا	281)



Please Type or Print in Black Indelible Ink.	Assure All Copies Are Legible
**	

State of Maryland / Department of Health and Mental Hygiene 9 25734 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Vear FRANK HEDRICK, III 1997 AUGUST /Medical 11 6:00 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON

6. Sax 7. Aga (in yrs. last birthdey) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. BALTIMORE 8. Date of Birth (Month, Day, Year) Sep 20, 1947 5. Social Security Number Birtholace (State or Foreign Country) **Funeral** 1 M 2□ F 49 213-52-7494 Director Maryland Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f show 1 ☐ Yes 2 🛣 No Director Carroll Sykesville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ma 23a or Items 23a 7139 Tulip Court 21784 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. traumatic event, the Medical Examiner 1 Never Married 2 Married 1X Yas 2 □ No If Yes, Give Year or Datas: 6 1 ☐ Yes 2X No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) other than College (1-4or 5+) Hygiene. Truck Driver Transportation Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Peges 1 and 2 should be 1 nent of Health end Mental I int: If item 27 is marked of Frank Bernard Hedrick, Jr. HenryEtta Benney 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7139 Tulip Court Sykesville, MD 21784 other Mrs. Mary R. Hedrick (Wife) Baltimore, 20b. Place of Disposition (Neme of cematery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any Injury or = 8 Carroll Cremation Serv. 8/11/97 Hampstead, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility let ne. HAIGHT FUNERAL HOME & CHAPEL (Box 195) Hula Strian 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician RESPIRATORY FAILURE /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Dua to (or as a consequence of): LUNG CANCET The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last Due to (or as a consequance of): and P.O. Box 68760 ettending physician Physician/Medical the Dua to (or as a consequence of): 9Sm Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1 Tyes 2 No 3℃Probably 4 Unknown Division of Vital Records, Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? this certificate 1 Yes 2 PNo 1 ☐ Yes 2 ☐ No Physician: 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 Anpatiant 2 ER/Outpatient 3 DOA 1 Yes 2 No 2 ours after death.

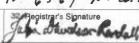
neral Director: After this
y filled in by the funeral di 27. Mannar of Death 1 DNatural 28a. Data of Injury (Month, Dey Year) Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred or Attending 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicide To the Hospital within 24 hours a To the Funeral C Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

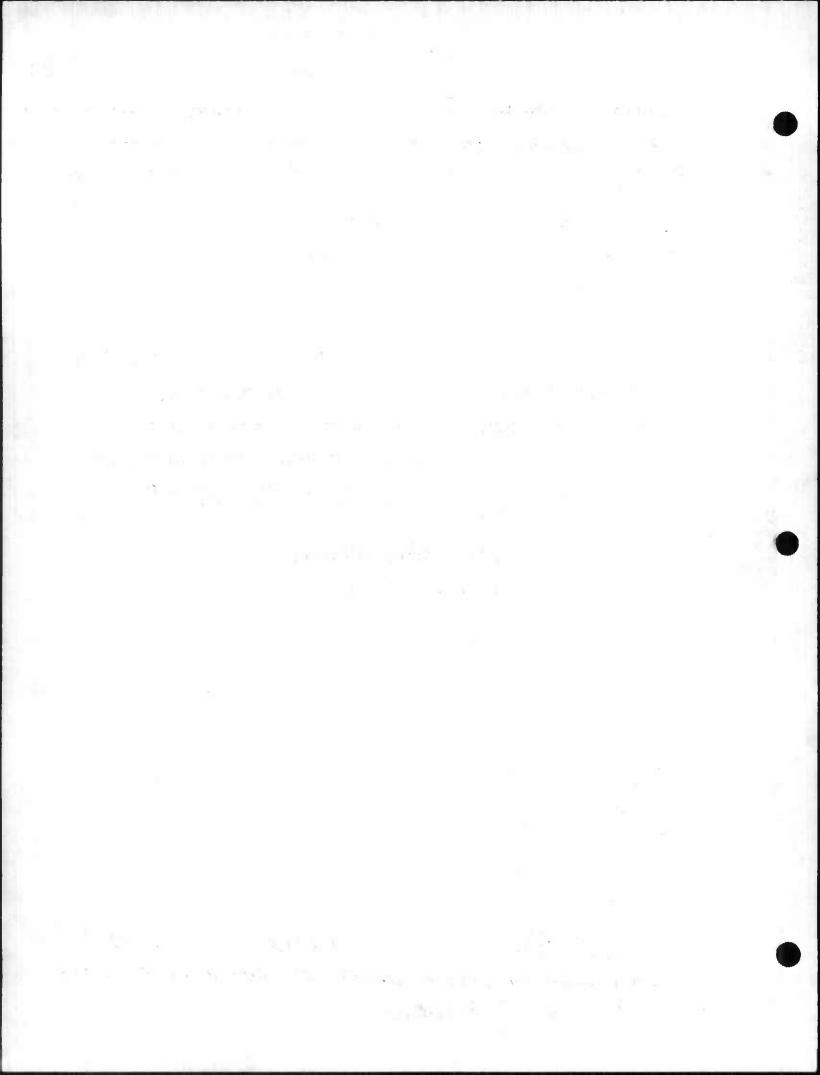
Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) end manner stated. 29e. Certifier 29b. Signature and titla of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) 127730 8/11/17 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

GARM COHEN, MP 6569 N. WARKET ST. BATTIMONE, MP 21204 State

Registrar

31. Date filed (Month, Day, Year) AUG 13 1997



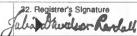


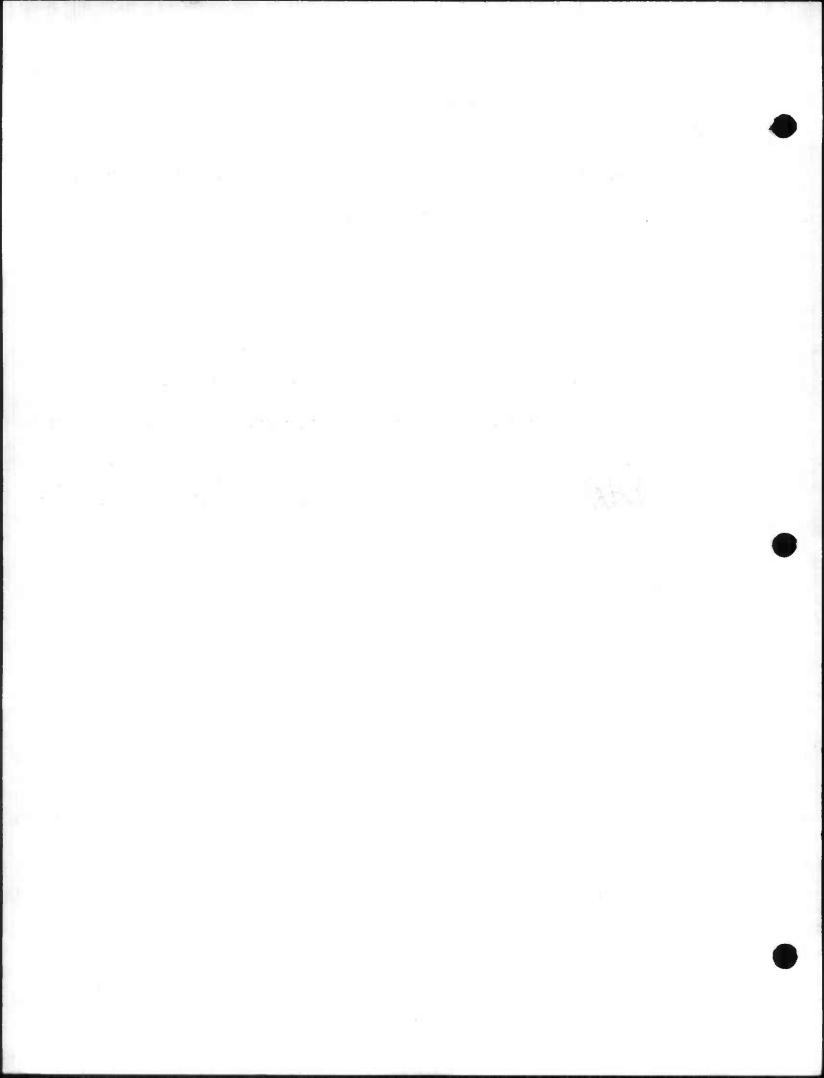
State of Maryland / Department of Health and Mental Hygiene

25735 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Vaai **Physician** Hopkins. Marylouise 9:05 PM Aug 97 /Medical 10 4a. Facility Name (If not Institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Days Hours | Min. | 9 / 1 6 / 1 9 2 7 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months 10 M 20 F 69 Yrs. 215-26-1454 Director MARYLAND Usual Residence of Decedent with the Maryland 10a, Stete 10c. City, Town or Location r 28a-f show a notified at 10b. County 10d. Inside City Limits MARYLAND CARROLL WESTMINSTER 1 Yes 2 No Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ir then "natural", or items 23s or permit. Pages 1 and 2 should be filed within 72 hours effer death v Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or flams 23a any Injury or other traumatic event, tra Medical Exercises 200.68. 1034 OAK DR. 21158 USA. Funeral 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black. White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ₩ Widowed 4 Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) TELEPHONE OPERATOR PHONE CO. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) WALTER G. MUNCH ROSE BERTHA COOL 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JEFFREY D. HOPKINS - SON 6214 SUMMER HOME TERRACE, ELKRIDGE, MD. 21075 20b. Piece of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 5 Other (Specify) MEADOW BRANCH CEM. 8/14/97 4 Donetic WESTMINSTER, MD. vice Licensee 22. Name and Address of Fecliity FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. Part 1. Enter the sease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head in lure. List only one cause on each line. **Physician** Immediete Cause (Finel diseese or condition resulting in deeth) congestive heart facture /Medical Examiner Prosthetic abotic value mal function Examiner physician and the burlal-transit the death certificate be executed Sequentially iist conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): ettending for use es signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed has 1 Yes 2 No 1 □ Yes 2 □ No 25. Was case referred to medical axaminer? Be 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 12 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Neturel 5 Pending Investigation To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Af completaly filled in by the fu death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical (Check only one) 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29d. Dete signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number aprelita ino D34974 August, 11th, 1997 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) CHARUMENTA, MD, 5865, ROBERT OLIVER PLACE, # 121, COLUMBIA, MD 21045. 31. Date filed (Month, Dey, Year)

State Registrar

AUG 1 2 1997





State of Maryland / Department of Health and Mental Hygiene

25736

**Physician** /Medical **Examiner** 

**Funeral** Director

Director

death with the Maryland 28a-f show

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryla Department of Health end Mental Hygiene. Important: if Item 27 is merked other than "natural", or Itema 23e or 28a-f show any Injury or other treumatic event, the Medical Examinal must be notified a gonde.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificete be executed pue physician es s the buriel-t the for use es ed by the e is certificate has been signed by director, page 2 should be detac Division of Vital Records,

P.O. Box 68760.

FLORENCE HOUSE

Examiner Physician/Medicai by Be Completed Certification: To Medical

To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director; p 5

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Day Florence Margaret House AUGUST 1997 17:45 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND ALLEGANY 7. Age (In yrs. last birthday) 90 Yrs. 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. Date of Birth 9. Birthplaca (Stata or Foreign Sax 1□M 2□F Days Hours 220341933 Usuel Residence of Dacedent 10a, State 10c. City, Town or Location 10d. Inside City Limits MD Allegany Oldtown 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 14700 Walnut Ridge Road 21555 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-iff Yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ Yes 2 ☐ No Specify: 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married þ Specify white 3 Widowad 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Frank Humbertson Myrtle (King) 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) John J. House-husband 14700 Walnut Ridge Road SE Oldtown MD 21555 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Placa of Disposition (Name of 20c. Location - City or Town, State Davis Memorial Cemetery 08/07 Cumberland MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licenses 22. Scarpellio Funeral Home Cumberland MD 21502 23a. Part1. Enter the disease, or con plications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate totarval Both Onset and Death Immediate Cause (Final disease or condition resulting in daath) Aspiration pneumonia 1 day Dua to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Parkinsons Disease 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was casa raferred to medical 26. Place of Death (Check only one) examinar Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 1 Defipationt 2 ER/Outpatient 3 DOA 27. Manner of Daath 28d. Describe how Injury occurred 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Naturel 2 Accidant 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 - Homicide Certifying Physician: To tha best of my knowledga, daath occurred at the time, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to tha cause(s) and manner stated.

COV

29a. Certifian

29b. Signature and title of certifier Jank 29c. License number

D 35481

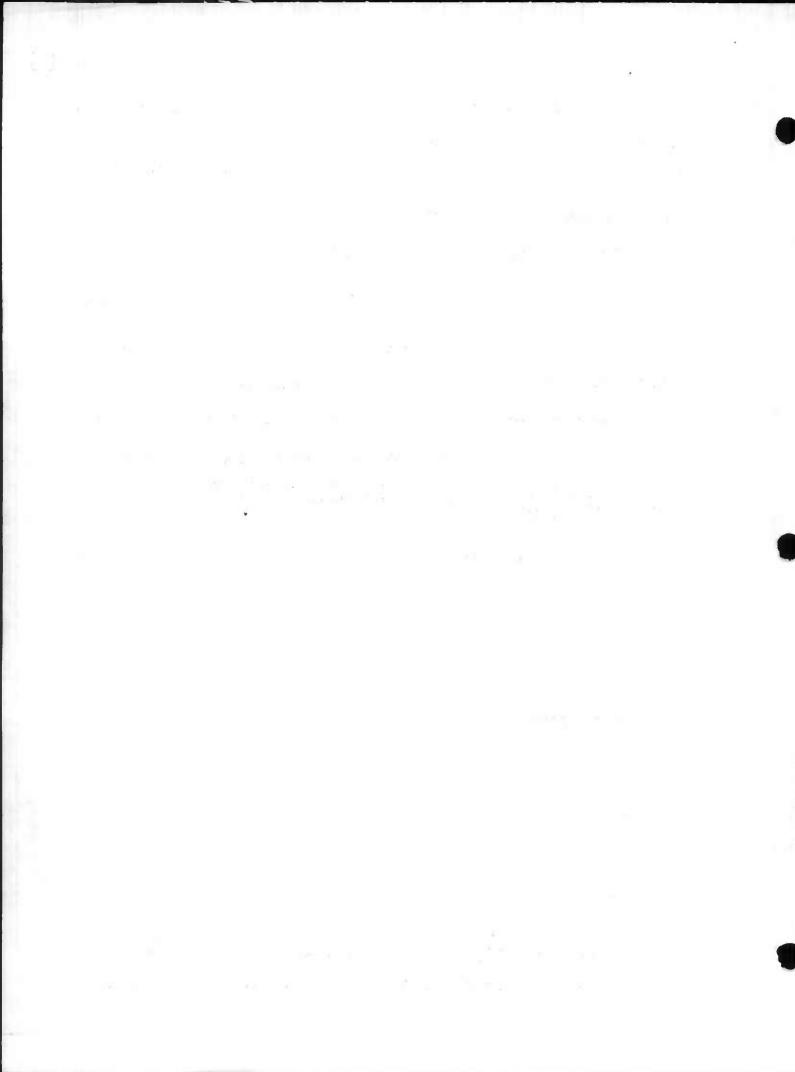
29d. Date signed (Month, Day, Year) 97

30. Nama and addrass of person who complated cause of daath (Itam 23a) (Type, Print)

DR. MARK SAGIN, MEMORIAL HOSPITAL MEDICAL CENTER, CUMBERLAND, MD 31. Days filed (Month, Day, Year) AUG 0 8 1997

21502

State Registrar 32. Ragistrar's Signature



State of Maryland / Department of Health and Mental Hygiene

25737 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dele of Deeth 3. Time of Deeth Month **Physician** 12:30 PM 09 97 HARREL R. HUNDLEY 08 /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4303 TOWNSLEY AVENUE TEMPLE HILLS 5. Social Security Number If Under 1 Year 8. Dete of Birth (Month, Dey, Yo. 9/26/38 Birthplece (State or Foreign Country) Funeral 7. Age (In yrs. lest birthday) 10 M 2 F Months Deys Hours Min. Yrs 225-48-6512 Director 58 VIRGINIA Usuei Residence of Decadent the Maryland to or 28a-f show 10e. Stele 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Director PG 1X Yes 2 No TEMPLE HILLS 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with ms 23a 20748 4303 TOWNSLEY AVENUE USA Funerai deeth items 2 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. r than "natural", or item The Medical Examiner filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 X No Specify: by Specify: BLACK 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry TRANSPORTATION Elementery/Secondary (0-12) 12 YEARS College (1-4or 5+) NONE METRO BUS DRIVER Baltimore, Maryland permit. Peges 1 and 2 should be file Depertment of Health and Mental Hy Important: If Item 27 Is marked othe any liquy or other treumetic event sones. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be LEON HUNDLEY LILLIAN PEGRAM 0 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Co20776 PG COUNTY HOSPIC, 96 HARRY S TRUMAN DR, LARGO, MD PAMELA GRAHAM( NURSE/HOSPICE) 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 8/15/97 Buriel 2 Cremetion 3 Removel from Stete CHELTENHAM VETERAN CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) CHELTENHAM, MD. 10 Name end Address of Fecility JOHN T. RHINES CO., INC. 21. Sign unerel Service Licanses 3030 12TH ST NE, DC 20017 Enter the disease, or complications that caused the de or heart feilure. List only one ceuse on each line. o not enter the mode of dying, such as cardiac or respiretory errest, **Physiclan** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medicai SMALL CELL LUNG CANCER 8 MONTHS **Examiner** Due to (or es e consequence of) The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medical the Due to (or es e consequence of): been signed by the e should be detached i Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were eutopsy findings svaileble prior to completion of cause of death? 24e. Wes en eutopsy performed? After this certificate has ZE No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2♥ No spital or Attending Physisours efter deeth.
neral Director: After this or 1 Inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital • Funeral [ 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. Medicai 29e. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) end menner stated. To the To the 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) ULD D 18912 8/11/97 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) STEPHEN STAAL, MD 8300 CORPORATE DRIVE, LANDOVER, MD., 20785 31. Dete filed (Month, Dey, Year) AUG 1 4 1997 32 Registrer's Signeture State ili Shudson Rarball Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 20 b. P. G.C. 8-13-97 CF Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Truc August rune /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Northwest Medical Center Randallstown Baltimore 7. Age (In yrs. last birthdey) If Under 1 Yeer 8. Dete of Birth (Month, Dey, Year) 1□ M 2 F Birthplece (State or Foreign Country) **Funeral** Deys Min Months Hours 218-09-3036 89 Director 05-21-08 Georgia Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits 1XXYes 2□No Director MD pemit. Peges 1 end 2 should be filed within 72 hours efter death with the M Department of Heelth and Mental hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f eny injury or other traumstic event, "a Medical Estanting must be notified. Howard Columbia 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7080 CradleRock Way 21045 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 11 Maritel Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Reca - American Indien. Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black p 3 Widowed 4 Divorced Yeer or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b Kind of Business/Industry Private Eiementary/Secondery (0-12) College (1-4or 5+) Country Club Attendant Country Club 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William Mayfield Fannie Brown 0 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Amber Snowden 3 Flaxten Court Baltimore, MD 21244 20e. Method of Disposition
1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removel from State 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Maryland National 10-13-97 Laurel, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility W.H. Bacon Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiec or respiretory errest, shock, or heer feilure. List only one ceuse on each line. 20010 Approximete terval Between Onset end Death **Physician** Immediete Ceuse (Final diseese or condition resulting in deeth) intestinal hemorrhage /Medical Examiner Examiner oticemia Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest pue -tran ue to (or es e consequence of) bune Box 68760 Physician/Medical the Due to (or es e consequence of): ding atter 0 ped Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. P.O. 23b. Did tobacco use contribute to the cause of death? signed by the 1 | Yes 2 | No 3 | Probably 4 | Unknown by Records. 24b. Were eutopsy findings evaileble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? page 2 1 Yes 2 No 1 Yes 2 No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospitel: 1 Yes 2 No 1 inpatient 2 ER/Outpetient 3 DOA Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Neturel 2 Accident 5 Pending Investigation death. 1 Yes 2 No or Attend efter death Director: 6 Could not be 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end piece, end due to the cause(s) end menner stated. Medical 29a. Certifier

To the Hospital of the Funeral D completely filled

State Registrar 29b. Signature and title of ce

TOUSSI 31. Date filed (Month, Day, Year) **AUG 18** 

of person who completed ceuse of deeth (Item 23e) (Type, Print)

5401

Old Ct. Rd. Registrar's Signeture Mudler Parlall

29c. License number

Randallstown Balt.

29d. Date signed (Month, Dey, Year)

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Exami		4a. Facility Nama (If not institution, give	street and number)			4b. City, Town,	or Location of Deat	h 4c. County	ot Death	
		Holy Cross Ho	ospital			Silve	r Spring	M	lontgom	ery
uneral		Social Security Number     6. S.		In yrs. last birth	day) If Under 1 Ye Months Day	ar If Undar 24 h		th Veerl	9. Birthplace	(State or Foreign
irector		189–22–5352 Usual Rasidance of Decedant	ØM 2□F	69 Y	rs.	ys riouis N		16-27		ylvania
MO		10a. Stata 10b. County	. 10	Oc. City, Town					10d.	Inside City Limits
Se-f of cutted	Director	Maryland Montgome	ery			Silver Sp	ring			1 TYas 2□ No
23a or 2		10e. Street and Number 10000 Brunsw	ick Avenue	#212	10f. Zip Cod	2091	0	10g. Citizen of V	What Country? USA	
merked other than "natural", or items 23s or 28s-f show imstic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2□Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forcas? 1 Pyes 2 No If Yas, Giva Yaar or Datas: 8/	27/46	13. Was Dacedant of If Yas, specify C		(Specify Yas or No arto Rican, etc.)	Specify	e - Amarican I ck, Whita, etc.	
isal.	P	15. Decedent's Ed	ucation	16a. C	ecedant's Usual Occ	cupation		16b. Kind of Bu	usinass/Indust	ry
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Item 27 le marke other traumatic	1	19a. Informant'a Name/Ralationship (7	ype, Print)	19b. I	Mailing Address (Stre	et and Number or	Rurel Route Numb	er, City or Town,	State, Zip Co.	de)
om 27 le other tra		Safiya Harrison-	Young/Daugh	ter 25	521 Waterf	ord Club	Drive,	lithea S	prings	GA 3012
Important: If Item 27 any Injury or other tr once.		20a. Mathod of Disposition			Disposition (Nama of crematory or other)	olace)	Date	20c. Location -	City or Town,	Stata
II. H		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify	Hamoval from State		d Veteran		8/18/97	Chelte	nham.	Maryland
Important: If It any Injury or o		21. Signatura of Funarai Service Licent			22. Name and Add		1-7		in and	al y Land
any le	1	Nonc- A	Partie	79	J. B.	Jenkins	Funeral H	lome		
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ian end urial-tra	Examiner	Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury	Du	e to (or aa a co	nsequance of):					
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DHMH 16 Rev 6/95

Registrar

31. Data filed (Month, Day, Year) AUG 1 5 1997 32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene 25740 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month 8 **Physician** WILMA LRENE HEROLD 14-1997 OLIOAM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Bethesda, Montgomery Suburban Hospital If Under 1 Year Months Days 8. Data of Birth (Month, Day, Year) May 8, 1933 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funerai** Washington, D.C. 64Yrs. 577-42-7404 Director Usual Residence of Decedent the Maryland 10c. City, Town or Location 10a. State 10b. County ?? Is marked other than "natural", or flams 23a or 28a-f ahow traumetic event, the Medical Examiner must be notified at 10d. Inside City Limits Fairfax Alexandria 1 Yas 2770 Virginia Director 10e. Street and Number 10f Zip Code 10g. Citizen of Whet Country? 6038 Richmond Highway 22303 United States Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, 11. Marital Status Biack, White, etc. 1 ☐ Yes 2 XXo If Yes, Give Yaar or Datas: 1 Navar Married Married Baltimore, Maryland 21215-0020 1 ☐ Yes XX No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Resident Manager Apartment Building 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 2 should be fi end Mentel H Wilbur Snyder Radcliffe Irvin Tee Anna 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 Department of Heelth e Important: If item 27 Is any injury or other trai Andrew G. Herold, Jr. (husband) same as #10 20b. Place of Disposition (Name of cametery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XXBurial 2 Cramation 3 Removal from State Arlington National Cemetery 8/18/1997 Arlington, Virginia 4 ☐ Donation 5 ☐ Other (Specify) Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximate Interval Between Onset and Death **Physician** REFRACTORY CHRONIC LYMPHCYTTC

Due to (or as e consequence of): LEUKEMIA /Medical Immediate Cause (Final disaase or condition resulting In death) 10 YEARS Examiner Examiner attending physician end for use es the buriel-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or as a consequence of) Box 68760. certificeta be Physician/Medical Due to (or as a consequence of) rasulting in death) Last 80 P.O. 23b. Did tobacco uss contribute to the cause of death? Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, b 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Wes an autopsy Completed 1 ☐ Yes 25 (No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 27. Menner of Death 28d. Dascribe how Injury occurred ne Hospital or Attending P n 24 hours after daath. 28b. Time of 28c. Injury at Work? Aftar 5 Pending 1 Yes 2 XNo 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 Homlcide Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Within 24 hor To the Fune complataly fi Medical (Check only one) 29b. Signatura and title of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 6410 ROCKLEDGE DRIVE # 625; BETHESDA, MARYLAND 20817

Talin dhurpar Randall

32. Registrar's Signature

**DHMH 16 Ray 6/95** 



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25741 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Daeth 3. Time of Death Month Dey **Physician** Roxanna 11:59 p.m. Boyd August 8, 1997 Hyater /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 12600 Chalice Court Glenn Dale Prince George's If Under 1 Year | if Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. lest birthdey) **Funeral**  Birthplece (State or Foreign Country) 10 M 20 F Months Deys Yre Director 223 32 2799 June 5, 1922 North Carolina Usuei Residence of Decadent 10b. County 10e. Stete 10c. City, Town or Location show 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f sh traumatic event, the Medical Examiner must be notified Director 1 Yes 2 No Maryland Prince George's Glenn Dale 10e. Street and Number 10f. Zin Code 10g. Citizen of Whet Country? Funeral 12600 Chalice Court 20769 USA death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - Amarican Indian permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health end Mental Hygiene. In mortant: If Nem 27 is merked other than "natural; or item any injury or other traumatic event, the Medical France Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No If Yes, Give 21215-0020 1 Yes 2 No Specify: Specify: Black by 3 Widowed 4 Divorced Year or Detes Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) 12th Maintenance Worker U.S. Postal Service Baltimore, Maryland 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be William Boyd 0 Kizzie Boone 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) John Hyater/son 12600 Chalice Court Glenn Dale, MD 20769 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 8-14-97 Landover, Maryland Harmony Memorial Park 21. Signeture of Funerei Service License 22. Name and Address of Facility Marshall's Funeral Home 4308 Suitland Road Suitland, MD 23a. Port. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset end Deeth Physician Immediete Ceuse (Finel diseese or condition rasuiting in deeth) /Medical CARCINOMA Of LUNG Examiner Due to (or es e consaquenca of) The law requires that the death certificate be executed buriel-transi Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of): Box 68760. physiclan Physician/Medical the Due to (or es e consequence of) for use es Division of Vital Records, P.O. deteched Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceuse of death? 1 Yee 2 No 3 Probably 4 Unknown þ 8 24b. Wara autopsy findings aveileble prior to Completed 24e. Wes en eutopsy completion of cause of deeth? certificate 1□ Yes 2□No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case refarred to medical exeminer? Be 26. Pieca of Death (Check only ona) 1 Yes 2 Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) Hospital: 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28b. Time of Injury 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28d. Describe how injury occurred After t 5 Pending Investigation death. 1 Yes 2 100 2 ☐ Accident after death 6 Could not be datermined 3 ☐ Suicide 2 28e. Pieca of Injury - At home, ferm, straet, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide filled In HOME To the Hospital or ithin 24 hours at 70 the Funeral D 1 Certifying Physicien: To tha best of my knowledga, death occurred at tha time, date end place, end due to tha causa(s) and menner es steted.
2 Medical Examiner: On the basis of exeminetion end or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29e. Certifier Medical (Check only one and 29b. Signa 29c. License number 29d. Date signed (Month, Day, Year) 4502

State Registrar 31. Dete filed (Month, Dey, Year) AUG 15 199

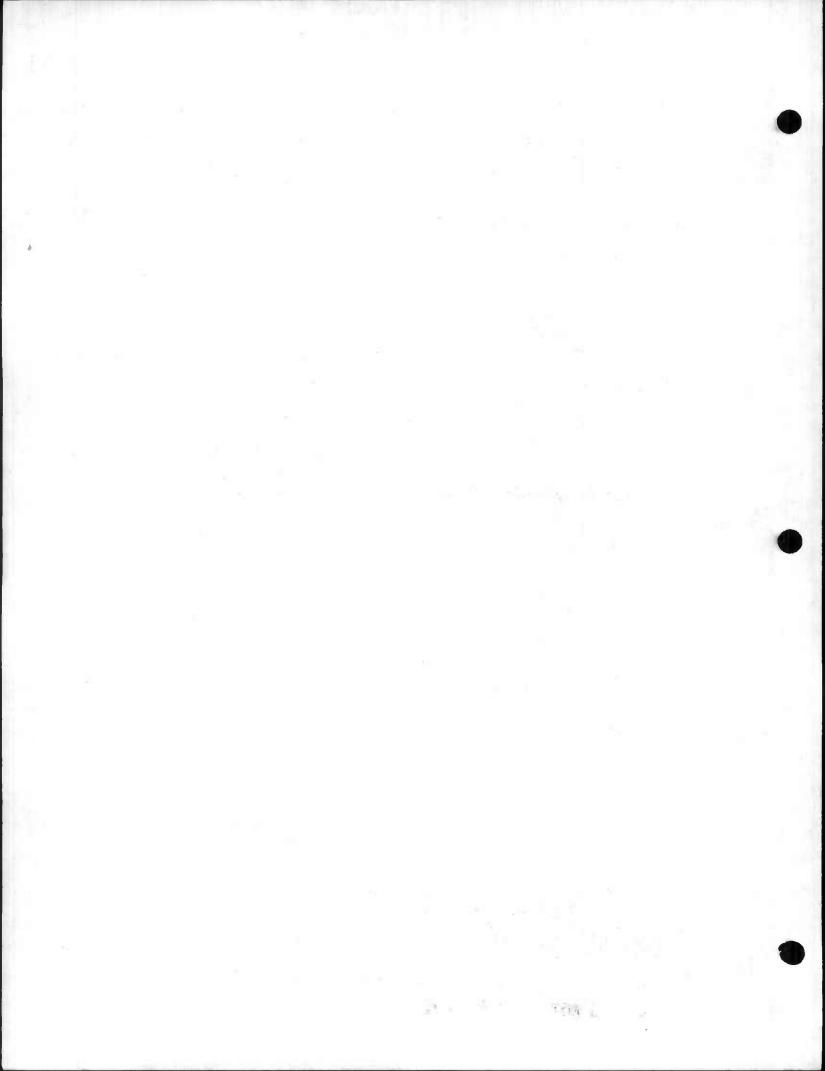
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Sts NW IRYING 32. Registrer's Signeture

WASH MIGTON, OC

30. Nema and eddress of person who complated cause of deeth (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** August 5;30 PM Ida Mae Hart 1997 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Prince George's Hospital Cheverly Prince George's If Under 24 Hrs. Hours Min, If Under 1 Yeer 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** Months Deys 1 M 25 F Yrs Director 579-22-4661 08/25/1922 North Carolina Usual Residence of Decedent 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Yes 2□No Director Prince George's Landover Md. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20785 1307 Eli Place U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Maritel Status Bleck, White, etc. filed within 72 hours after Hygiene. I ☐ Yes 2 ☐ No If Yes, Give 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black p 3 Widowed 4 □ Divorced Yeer or Dates Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) pemit. Pages 1 and 2 should be filed wir Department of Health and Mentel Hygiens Important: If flam 27 is marked other that any injury or other traumatic event, 274, 2006. 12th Homemaker Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Ebin Marrow Annie Davis 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Joseph Hart / Son 1405 3rd Street, Glenarden, Maryland 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a, Method of Disposition Dete 20c. Location - City or Town, Stete 08/12/97 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park Landover, Maryland 21. Signeture of Funerel Servica Licensee 22. Name end Address of Facility J.B. JENKINS FUNERAL HOME Percen 7474 Landover Road, Landover, Maryland 20785 ~ C 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting In deeth) Examiner Due to (or es e consequence of) Examiner physician end the burial-transit The law requires that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequença of) resulting in deeth) Lest 98 9SD ŏ Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. the the 23b. Did tobacco use contribute to the cause of death? signed by ti d be detach 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peeu page 2 : hes 2 No 1 Yes 1 ☐ Yes 2 ☐ No certificate Division of Vital director 25. Wes case referred to medic exeminer? Be 28. Plece of Deeth (Check only one) Hospital 2 No 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Member of Deeth uneral 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Aftar or Attanding 5 Pending investigation n 24 hours after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pieca, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) and manner stated. Medical 29a. Cert complately (Chi To the To the To the I 29b. Sign 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Lewis Dennis, M.D. 6201 Greenbelt Road, Suite U-1, College Park, Md. 20740 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State AUG 12 1397

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**DHMH 16 Rav 6/95** 

State of Maryland / Department of Health and Mental Hygiene 97 25743

				Certificate of			eg. No.	23743
r	Physic	ian	1. Decedent's Neme (First, Middle, Last)  EXIE  IZZI			2. Dete of Death Month	Day Y	3. Time of Death
	/Medi		1001				9, 1997	12:20 PM
ı	Exami	ner	4e. Fecility Name (If not institution, give street end number) 8500 Magnolia Drive		4b. City, Town, or Lo Lanham	ocation of Death	4c. County of I	
	Funeral Director			Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, July 29		Birthplace (Stete or Foreign Country) Louisiana
	Maryland -f show lled at	tor	Usuel Residence of Decedent  10a. State 10b. County 10c. City, Town Maryland Prince Georges Lanha					10d. Inside City Limits 1 X Yes 2 □ No
	th with the 23a or 28a	Funeral Director	10e. Street and Number 8500 Magnolia Drive	10f. Zip Code 2070	6		og. Citizen of Wha	at Country?
020	be filed within 72 hours after death with the Maryland stal thygiene.  dother than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by	11. Marital Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced  12. Was Decedent Ever in U,S.  Armed Forces?  1 □ Yes 2 ☑ No  If Yes, Give  Year or Dates:	13. Was Decedent of H If Yes, specify Cube 1 ☐ Yes 2 🔏 No	lispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Black, \	American Indien, White, etc. Vhite
2-0	72 ho natur	ted	15. Decadent's Education 16a. [ (Specify only highest grade completed)	Decedent's Usual Occup	pation	ina 1	16b. Kind of Busin	ess/Industry
21215-0020	within ene. then	Completed	Elementery/Secondary (0-12) College (1-4or 5+) 12	Give kind of work done life. DO NOT use retired Secretary	auring most of work d)	U	J.S. Govern	ment (NSA)
PC	Hygother other	BeC	17. Father's Name (First, Middle, Lest)		18. Mother's Name	e (First, Middle, N	feiden Sumeme)	
ylai	2 should be filed end Mental Hygi Is marked other summatic event, I	To E	Unknown		Unknown			
Maryland	s 1 and 2 should f Heelth end Mer tem 27 Is merke other traumatic			Malling Address (Street 00 Magnolia				
Baltimore,	permit. Peges 1 and Department of Health Important: If Item 27 I any Injury or other tripnes.		20a. Method of Disposition  1 XX Buriel 2 □ Cremation 3 □ Removal from State  20b. Place of Coemetery,	Disposition (Neme of cremetory or other please cetion Ceme	ca) A	Date 14.	Clinton,	y or Town, State
Balti	permit. Peges Depertment of Important: If It eny Injury or once.		21. Signature of Turbral Service Licensee	22. Name and Addre Rendon/Hal	ss of Facility Le Funera	l Home		
	_		23a. Pant Lenter the disease, or complications that caused the death. Do no show, or heart failure. List only one cause on each line.	9013 Annag				0706
	Physician /Medicai Examiner		Immediate Cause (Final disease or condition resulting In death)	Anc	st-			Approximete Interval Between Onset end Deeth
-	ped sit	Examiner	Due to (or as a lo	onsequence of):				3 hows
c 68760,	iaw requires that the death certificate be executed as been signed by the ettending physician and 2 should be deteched for use as the bunal-transit	Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	ing Con	w			3 months
Box	eath cer ettendin I for use	ian	d					
P.O.	at the de l by the e steched	Physician/I	Part II. Other eignificant conditions contributing to death but not resulting in t	the underlying cause giv	en in Part I.	23b. Did tot		bute to the cause of death?  Probably 4 Unknown
of Vital Records,	w requires that been signed should be def	Completed by	Brain neterlessis			24a. Wes en		4b. Were autopsy findings evallable prior to completion of cause
E Re	The ate h	Сош				1 □ Ye	s 200 No	of déath? 1 ☐ Yes 2 ☐ No
Vita	ysician: The s certificate director, pag	Be	25. Was case referred to medical exeminer?		26. Place of Deatl	(Check only one	)	
on of	2 00	tion: To	1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outp  27. Menner of Death 1 Datural 5 Pending investigation 28a. Date of Injury (Month, Dey Year) 28b. Tin Injury	me of 28c. Injury	4 □ Nursing ⊓o	me 5 Resider 28d. Describe how	nce 6 Other (	Specify)
Division	To the Hospital or Attending Phwithin 24 hours either death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 ☐ Suicide 4 ☐ Homloide  6 ☐ Could not be determined  28e. Placa of injury - At home, farm building, etc. (Specify)	n, street, factory, offica		28f. Location (Str. City or Town,		or Rural Route Number,
	ne Hospital n 24 hours ne Funeral pietely filled	edical (	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, c  Cipcle Medical Exeminer: On the basis of examination and/one)	death occurred et the tin or investigation, in my o	ne, date and place, plnion, death occurr	end due to the car ed at the time, da	use(s) and manne te and place, and	er as stated. due to the cause(s)
	To the I within 2 To the I complete	M	29b. Signature and title of certifier	29c. Licens	e number	29	d. Date signed (A	nonth, Dey, Year)
1	25/		30. Name and eddress of person the completed cause of death (Item 23e) (Ty			Lis L	A LAX	CHAMM'D
	Sta Registr		31. Date filed (Month, Dey, Year)  32. Registrar's Signature	1.11			,	20706.

the state of the state of

**Physician** 

/Medical

Examiner

**Funeral** 

Director

Director

Funeral

Completed by

Be To

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumstic event, the Medical Examiner maintite notified at

**Physician** /Medical

Examiner

Examiner

Physician/Medical

þ

Be Completed

Medical Certification: To

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Please	e Type or Pri				k. Assure A Health and I		_	eneg	2571.1.
	Oldic Ol IV			ficate of			Reg. No.		25744
Decedent'e Name (First, Middle, L     EILEEN RO		JOHNSON	ı			2. Dete of De Month	Dey	Yaar	3. Tima of Deeth
te. Fecility Nama (If not institution, g					4b. City, Town, or I	Aug.	12 1 4c. County	.997	1:40 a
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The Memorial  5. Social Security Number 6.		.a⊥ ge (In yrs. last birti	holau) I	f Under 1 Year	Easton If Undar 24 Hrs.	8. Dete of Birt	Talk		lana (Otata as Cassias
214-12-2962	4 T 14 A T 18 A		1001	lonths Days		(Month, De	v. Year)	Cour	place (Steta or Foreign http) CYLAND
Usuei Residence of Decedent  10a. Stete 10b. County		10c. City, Town	or Locati	ion				T.	Od Incide City Limite
	вот		TON	lott					0d. Inside City Limits 1 ☐ Yes XXNo
10e. Street and Number			1.	10f. Zip Code			10g. Citizen of	Minet Cour	
28540 HOLDE	N ROAD				21601			USA	itry r
1. Marital Status	12. Wes Deceden	t Ever in U.S.	13 Was		Hispanic Origin? (S	necify Ves or No.		ce - Amark	an Indian
1 Never Married 2 Married	Armed Forces	?	If Ye	es, specify Cut	ben, Mexican, Puert	o Rican, atc.)		ck, White,	
3 M Widowed 4 □ Divorced	If Yes, Give Yaer or Datas:		10	Yas 2XNo	Specify:		Specif	y: WI	HITE
15. Decedent's f	Education	16e.	Decedent	t's Usuei Occu	petion	trina	16b. Kind of B	usinass/In	dustry
(Specify only highest g Elementery/Secondery (0-12)	reda complated) College (1-4or		life. DO	d of work done NOT use retire	during most of wor ed)	king			
12	4	НО	MEM	AKER			OWN	HOM	Œ
7. Father's Neme (First, Middle, Las	st)				18. Mother's Nan	ne (First, Middle,	Meiden Sumer	ne)	
ROY E. ROBERT	S				A. WE	NONAH	GRIFFI	N	
19e. Informent'e Name/Reletionship BEVERLY R. GAR	(Type, Print)				t end Number or Ru CON LAND				
20e. Method of Disposition	☐Removei from State	20b. Plece of	Disposition			Deta	20c. Location		•
4 Donation 5 Other (Spec		OXFORD	CEI	METERY	Z	8-15	OXFOR	D, M	ID
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23e. Pert1. Enter the disease, or cor shock, or heert failura. List only	y one ceuse on aech	line.		he mode of dy	ing, such es cardiec	or raspiratory ar	rest,		Approximata Interval Between Onsat and Deeth
mmedlete Ceuse (Finel disaesa or condition resulting in deeth)	a. Chro	Due to (or es e c			e Puh	krana	Disea	se	Years
	b. ———							† 	
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that initieted events resulting in deeth) Lest	C	Dua to (or es e co	onsequen	ce of):					
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	rsplusia		enes		,	24e. Wes	en eutopsy mad?	av	ere autopsy findings aileble prior to mpletion of cause deeth?
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25. Wes case referred to medical exeminar?  1 Yes 22 No	Hospitel:	- CT 5010 :		ot ot	26. Place of Dee				
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Neturel 5 Pending	(Month, De		jury	28c. Inju Wo	ork? ]Yes 2□No	200. 0000100 1	or injury cocur	. 50	

27. Menner of I Neture 2 Accide

8 Could not be determined 3 Suicide 4 - Homicide 29a. Certifier

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

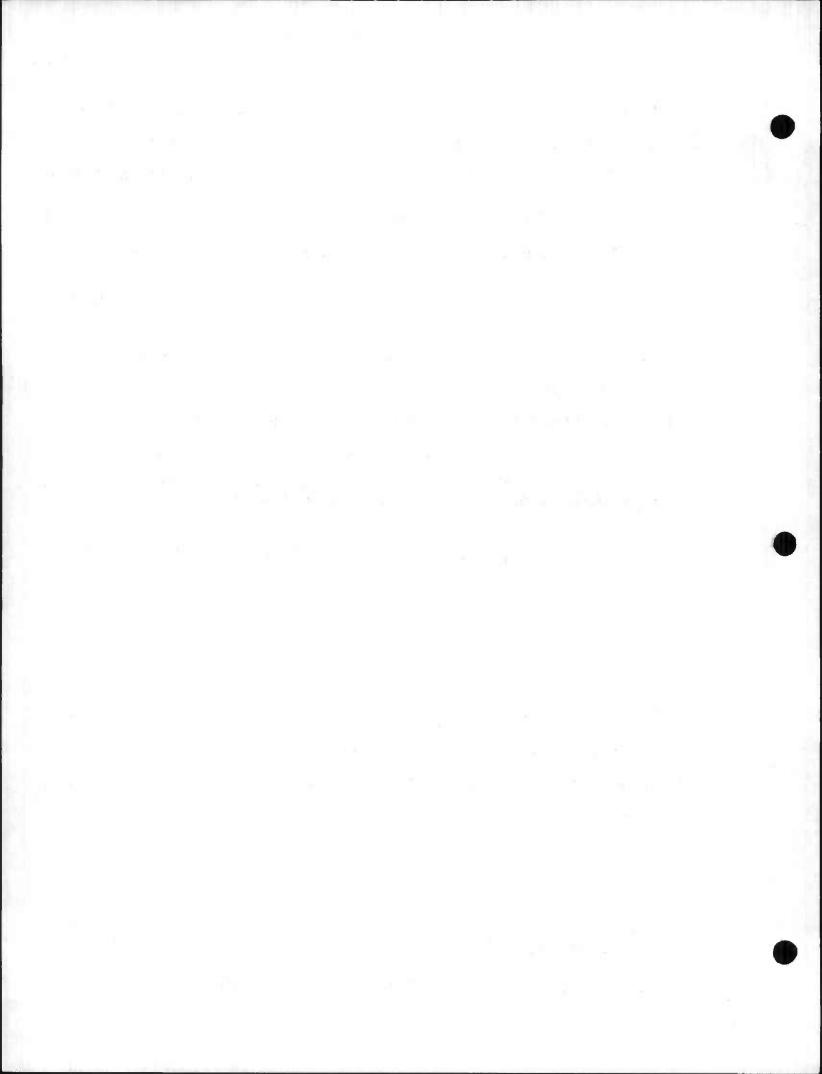
29b. Signeture and title of certifier moel 29c. License numbar 2005 29d. Data signed (Month, Day, Year)

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MICHAEL LEES, M.D., 606 DUTCHMAN'S LANE, EASTON, MD 21601 31. Dete filed (Month, Dey, Yeer)
AUG 1 3

State Registrar

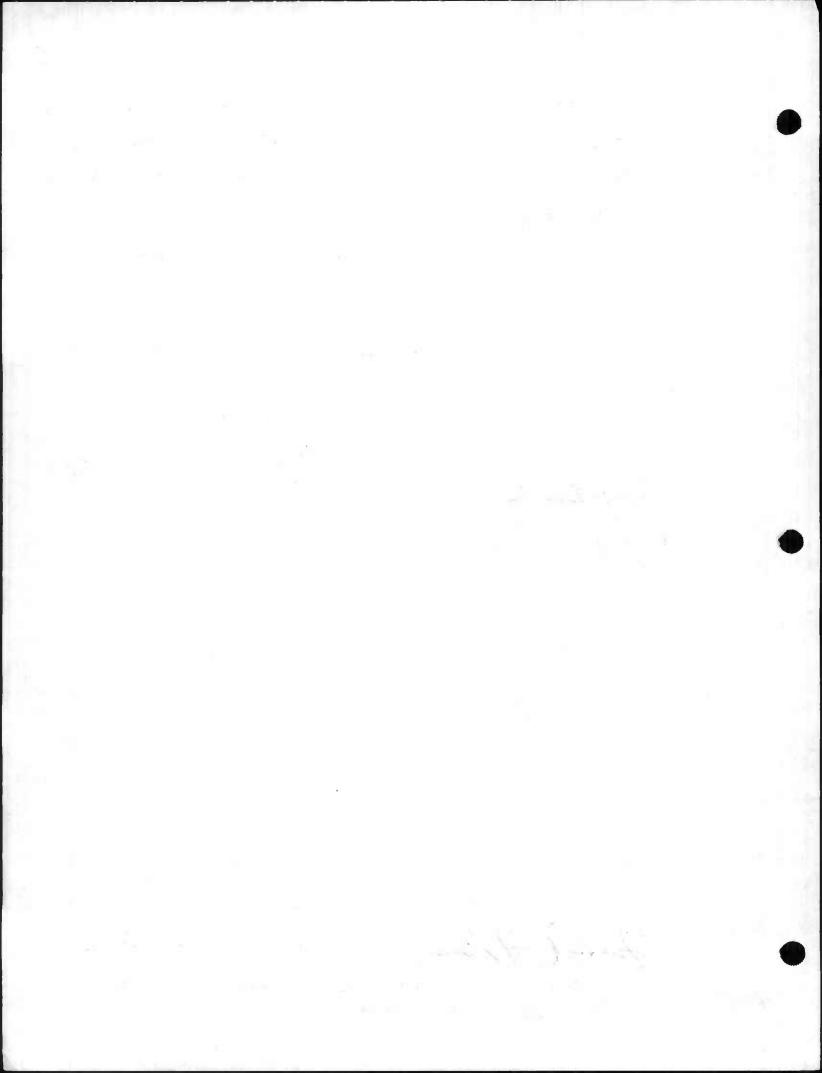
32. Registrer's Signeture



State of Maryland / Department of Health and Mental Hygiene 97 25745

					Ce	rtificate of	Death		Reg. No.		20140		
Physic	oion	1. Decedant's Name (First, Middle,						2. Date of D Month		Year	3. Time of Death		
/Med		Kam Wo	n Jue						t 13, 19		7:15 AM		
Exam	iner	4a. Facility Name (If not institution,		er)			4b. City, Town, o			ty of Death			
	Į.	5202 Wyoming Roa					Betheso			tgomer	ry		
Funera Director	_	5. Social Security Number 535-14-0190 Usual Rasidence of Decedent	5. Sex 7. 1 □ M 2 ☑ F	Age (In yrs. las	Yrs.	If Under 1 Yea Months Days		n. (Month, D	irth ay, Year) 1, 1917	Cour	place (State or Foreign htry) hina		
fand		10a. State 10b. County		10c. City,	Town or Lo	ocation				1	I0d. inside City Limits		
Mary Feb	ţ	Maryland Montg	omery		Bet	hesda					1 ☐ Yes 2 ☒ No		
r 28a	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of What C		atry?		
h with		5202 Wyoming Ro				208	816		Unit	ed Sta	ates		
deat	Funeral	11. Marital Status	12. Was Decede Armed Force	ent Ever in U,S.	13.	Was Decedent of	Hispanic Origin? ( ban, Mexican, Pue	Specify Yes or N	o- 14. Ra	ce - Americ			
Maryland 21215-b020 d 2 should be filed within 72 hours after death with the Maryland th and Mantal Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Mexical Examiner mant be notified at	by	1 ☐ Never Marriad 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorcad		⊠ No		1 ☐ Yes 2 ☒ No Specify:		rto Hican, etc.)	Speci	ack, White,  ify:	Asian		
n 72 ho	eted	15. Decedent's (Specify only highest	Education grade completed)		16a. Dece	dent's Usual Occu	ipation	odkina	16b. Kind of Business/Industry		dustry		
Z1Z1 1 within jiene. r than	Completed	Elementary/Secondary (0-12)	College (1-4d				during most of weed)	o, naig					
TION		9 17. Father's Nama (First, Middle, Li			Home	naker	40.04.0.1.01		0wn				
and diber	Be	Wah Kee Do	*				18. Mother's Name (First, M		a, Maiden Suma				
arylan should be and Mantal marked o umatic eve	2	19a. informant's Name/Relationshi			10b Maili	na Addrage /Stree	at and Number or F		has City as Taur	- Ctata Tia	Codel		
Mar nd 2 sho lth and 27 is m		Ken M. Jue/Son	p (Type, Tun)				Road, Be				0816		
Eastimore, Maryland permit. Pages 1 and 2 should be filed. Department of Health and Mantal Hy, important: If item 27 is marked othe any injury or other traumatic event, once.		20a. Method of Disposition		20b. Piac	o of Dieno	sition (Alama of		D-4-	20c. Location		own, State		
Galtimore, bemit. Pages 1 ar Depertment of Hea mportant: If Item; any injury or other page.		1 ☑ Buriai 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe						placeAug. 18, 1997			Carencro, Louisiana		
alt.		21. Signatura of Funeral Service Li		LVa						Bethes	sda-Chevy		
Depe impo		Kantoto	ul	M0019	8 R	7557 Wis	ess of Facility Pumphrey consin Av Marylan	y runera Venue	I Home/	Cha	ase, Inc.		
Physician /Medical Examiner	3	23a. Part1. Enter the disease, or o shock, or heart failure. List or the shock of t			Recta	1 Cancer				3	Intarval Between Onset and Death		
box bof bu, leath certificete be executed attending physician end I for use as the buriel-transit	n/Medical Examiner	Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or as		134100							
the atter	Physician/	Part II. Other significant conditions	contributing to death	n but not rasultir	ng in the u	ndarlying cause g	iven in Part i.	23b. Did	tobacco use c	ontributs to	the cause of death?		
hat the bd by detac	by Phy								Yes 2 No		bably 4∑ Unknow		
necolds, ne law requiras t a has been signe tge 2 should be	Completed b								s an autopsy ormed?	ava	ara autopsy findings ailabia prior to mpietion of cause daath?		
The cata h	Co							1 🗆	Yes 2 XNo	10	Yas 2⊠ No		
vicien: The certificata rector, pag	Be	25. Was casa raferred to medical examiner?	Hospitai:					eath (Check only	one)				
Physician: This certific ral director,	To.	1⊠KYes 2 No 27. Manner of Death	1 Li Inpa		Outpatier b. Time of	IL SEL DOA		Home 5 ⊠ Res			v)		
Affe Find	Certification:	1 ☑Naturai 5 ☐ Pending 2 ☐ Accident investiga		Day Year)	injury	Wo	ork? Yes 2 No	280. Describe	how injury occu	med			
or At offer offer of in by	Sertifi	3 Sulcide 6 Could no 4 Homicide determine	ed 286. Placa of	Injury - At home etc. (Specify)	e, farm, str	eet, factory, office		28f. Location City or To	(Street and Num wn, State)	ber or Rura	il Route Number,		
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai (	29a. Cartifier 1 Certifying (Check only one) 2 Madical Ex	Physician: To the bes aminer: On the basis and manner	of axamination	dge, death and/or inv	occurred at the t vestigation, in my	ime, date and plac opinion, death occ	e, and due to the curred at the time	cause(s) and m	anner as st , and due to	ated. tha cause(s)		
Nithin Fo th Sompl	Me	29b. Signature and title of certifier	1	1		29c. Licen	se number		29d. Date sign	ed (Month,	Day, Year)		
6		12.1	14	Bar		D2	2775		August	13,	1997		
		30. Nama and addrass of person wh	o complated causa o	f death (Itam 23	Ba) (Type,	Print)							
		Frederick G. Bar					Chevy C	hase. Ma	ryland	2081	5		
St	ate	31. Date filed (Month, Day, Year)	32, Regis	strar's Signature	9.			- ,					
Regist	rar	HOG T	וצטו ב	relia Davis	4/100/	miner							

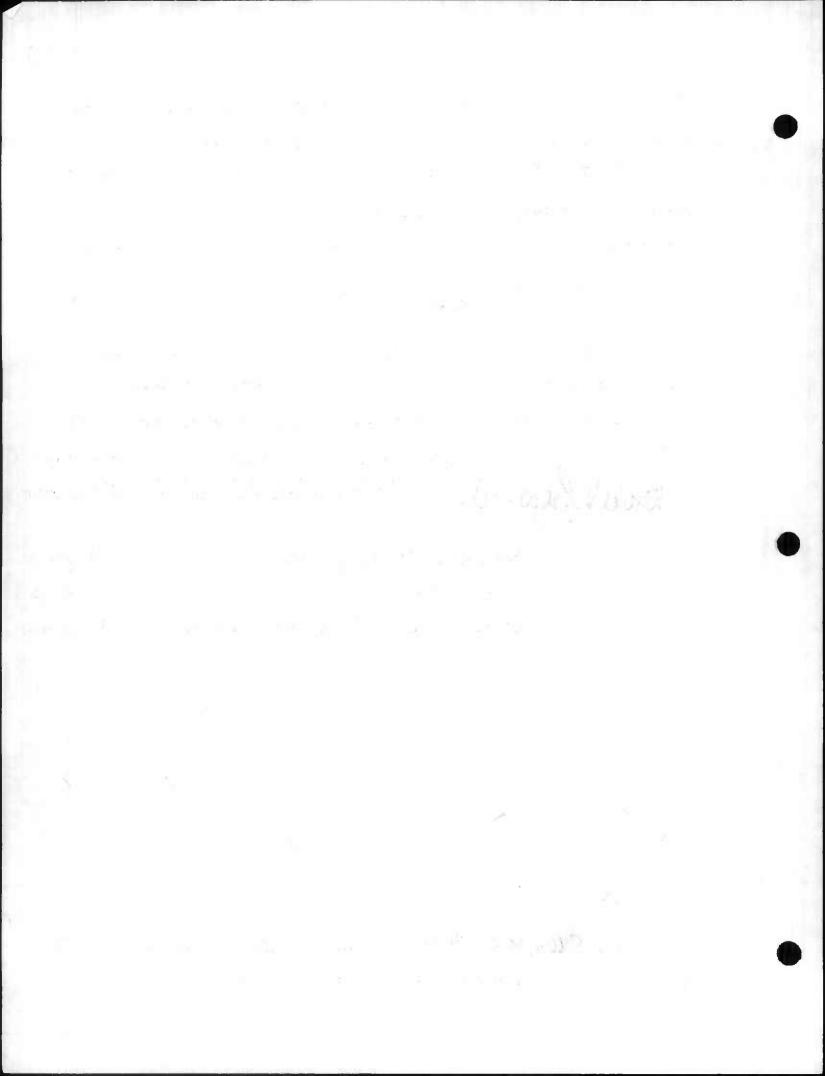
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 2571.6

					Certificate	of Death		Reg. No.		40140
Physic	an	Decedent's Nama (First, Middle, L.)		L)		7 . 1	2. Date of De Month	alh Day	Year	3. Time of Deeth
/Medi		Richard	Ke	ith		Judd	Augus		997	15:45
Exami		4e. Facility Name (If not institution, ga				4b. City, Town, or			of Death	
THE		THE JOHNS HOPK	INS HOSPIT	'AL			RE CITY			
Funeral Director		5. Social Security Number 6. 231-38-9747  Usual Residence of Decedent	Sex 7. A	ge (In yrs. last birtho	Months	Year If Under 24 Hrs Days Hours Min.	8. Date of Bir Month, Da July 5	th Year) 1936	9. Birthp Coun Viro	lace (State or Foraign office) Jinia
death with the Marylend ims 23e or 28a-f show provided at	tor	10a. Stata 10b. County	George's	10c. City, Town of Beltsv			4		1	0d. Inside City Limits 1 ☐ Yes 2 ☐ No
with the 3e or 28e	Funeral Director	10e. Street and Number 4305 Yates Road			10f. Zip 0	ode 705		10g. Citizen of United		
or he	by	11. Mariial Status  1 Never Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces' 1208 es 2 ☐ If Yes, Give Year or Dalas:	7	13. Was Decede If Yes, specif	nt of Hispanic Origin? (S y Cuban, Mexicen, Puan Office Specify:	Specify Yas or No to Rican, etc.)	14. Rac Bla Specif	ca - Americ ck, White, y: V	
15-00: n 72 hours "natural",	Completed	15. Decedent's E (Specify only highest gi	Education	16a. D	ecedent's Usual Siva kind of work	Occupation	rkina	16b. Kind of B	usinass/Ind	dustry
within one.	John	Elamentary/Secondary (0-12)	College (1-4or	5+)		dona during most of wor retired)	Nii 19			
led w	S	12		Op	tician			Self	-	yed
Iore, Maryland 212. ges 1 and 2 should be filed within t of Heath and Mantal Hygiene. If item 27 is merked other than or other traumatic event, In M.	To Be	17. Father's Neme (First, Middle, Las R. Lorenzo Jud	_			Mary 1		Campbe1	1	
2 4 4 5 5		19e. Informant's Name/Relationship				Street and Number or Ru				
1 and 1 Haalth Haalth other tr		Linda Ann Judd 20a. Method of Disposition	(wire)		18 Garre	ett Avenue 1				
F Partition Partition		1 X Kurial 2 Cremation 3 4 Donation 5 Other (Special	ify)	cemetery,	cremetory or oth Cemetery	er place)	Date /1997	20c. Location -		.e, Marylar
Baltimo permit. Pag Department Important: I any injury o		21. Signa ure of Funeral Serv	Dirunt	<b>t</b> .	Bonard 4400 Po	Wder Mill I	dt Funer Rd. Belt	al Home sville,	, P.A. Mary	land 20705
		23a. Part1. Enter the disease, dr. con shock, or heart failure. List only	rolloations that ceusa	d the death. Do not	entar the mode	of dying, such as cardlad	or raspiratory a	rrest,		Approximate Interval Between
Physician /Medical Examiner	L.	Immediate Cause (Final disease or condition rasulting in death)	a Nons		Lluna	g cancer			1	9 days
led sit	nine		. Pneu	monia						9 days
ecords, P.O. Box 68760, law requires that the deeth certificata be associted es been signed by the ettending physician and a 2 should be detached for use es the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarfying Ceuse (Disease or Injury that initieled events resulting in death) Lest	c. Chron	Due to (or es a con Due to (or as a con	struct	ve lung	g dise	ase		Oyears
Box eeth certi	Physician/		d						1	
O he de	ysic	Part II. Other algnificant conditions	contributing to death b	out not resulting in th	e underlying cau	se given in Part I.	23b. Did	tobacco usa co	ntribute to	tha cause of death?
P.O. that the de ed by the detached							11	Yes 2□ No	3 Prot	bably 4 Unknown
of Vital Records, F Physician: The law requires the this cartificate hes been signed ral director, pega 2 should be del	Completed by							an autopsy rmed?	ave	ere autopsy findings aliable prior to implation of ceusa death?
Vital Re- victor: The lav cartificata hes rector, pega 2	Eo						10	Yes 2 No	10	Yas 2 No
ita en: Hiffica Hor, p	Be C	25. Was cese referred to medical				26. Plece of Dea	ath (Check only o			
f Vita ysiclen: is cartific director,	To	examiner?	Hospital:	eni 2 ER/Outpa	itlent 3 DOA	Other:	lome 5 Resid		er (Specifi	()
Division of Vita To the Hospital or Attanding Physician: within 24 hours effar dash. To the Funeral Director: After this carlific completaly filled in by the funeral director.		27. Manner of Death  1 Naturel 5 Pending 2 Accident Investigation	28a. Dete of Inju (Month, De	iry 28b. Tim		injury at Work? 1 ☐ Yes 2 No		now injury occur		
Division or Attending the effector: After defin by the fune	Certification:	3 Suicide 6 Could not be determined	288. Place of in	ury - At home, farm c. (Specify)	street, factory,	office	28f. Location (S City or Tox	Street end Numb vn, State)	per or Rura	Route Number,
To the Hospital within 24 hours To the Funeral completaly filled	edical C	29a. Certifier (Check only one) 1 Certifying Pi	nyalcian: To the best miner: On the basis o end manner st	f examination and/o	eeth occurred at r Investigetion, in	the time, date end place my opinion, death occu	, and due to the irred et the time,	ceuse(s) and ma dete and place,	anner as st and due to	ated. the cause(s)
To the within Comp	Me	29b. Signatura and title of certifiar  Justing E. U	Va, M.D.,	Ph.D.		icansa number		29d. Date signe		
		30. Name and eddress of person who Johns Hopkins Hospital	completed ceuse of o	leath (Item 23e) (Ty	pe, Print) Baltimore	, Maryland 2	1287			Hilling
Sta Registr		31. Dete filed (Month, Day, Year) AUG 1 4 1997	32. Regist	ar's Signature awtdoon—Ron	lett.					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 25747 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month August 10, 1997 5:40P. 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth The John's Hopkins Hospital Baltimore City If Under 1 Year If Under 24 Hrs 8. Date of Birth (Month, Day, Year) Nov.19, 1952 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign 1 □ M 2 X X Deys Hours 44 Yrs. Maryland 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Beltsville 1 Yes XXNo 10f. Zip Code 10g. Citizen of What Country? 4903 Howard Avenue 20705 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 Never Married 2 X Married 1 ☐ Yes 2 No Specify: White 3 Widowed 4 Divorced 15. Decedent's Education 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Management/Vice President Banking 17. Fether's Neme (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Grimshaw Janet Lee Landgraf 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert W. Jones (husband) 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State Burlel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Fort Lincoln Cemetery 8/13/1997 Brentwood, Maryland Bonalad V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 is thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, se on each line. Approximete Intervel Betw Onset and Death Pancreatitis one month Due to (or es e consequence of): Alcohol Abuse 20 years Due to (or es e consequenca of) Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? rt I. 1 Yes 200 No 3 Probably 4 ☐ Unknown

Baltimore, Maryland Department of important: If any injury or **Physician** /Medical Examiner

physician

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page 2 should

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illed in by

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signed by

Physician

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

I Hygiene.

markad other 7 is marked other traumatic event,

. Peges 1 and 2 should be fill ment of Health end Mentel Hy lant: If item 27 is marked oth lury or other traumatic event

Funeral Director

by

Completed

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Examiner

Physician/Medicai

g

filed within 72 hours efter death with the Maryland

21215-0020

Kathryne

5. Social Security Number

Usual Residence of Decedent

218-56-7289

10e. Street end Number

11 Marital Status

Charles

21. Signt

20e. Method of Disposition

G.

10e State

disease or condition resulting in deeth)

Immediete Ceuse (Finel

Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest

rt II. Other significent	conditions contributing to	deeth but not	resulting In the	underlying cause	given In Per

24e. Wes an eutopsy performed?

24b. Were autopsy tindings available prior to completion of cause of deeth?

26. Place of Deeth (Check only one)

25. Wes case referred to medical examiner? 1 Yes 2 No

Inpatient 28e. Dete of Injury (Month, Dey Yeer)

2 ER/Outpetient 3 DOA 28b. Time of

Other: 4 Nursing Home 28c. Injury et Work?

28d. Describe how injury occurred

5 ☐ Residence 6 ☐ Other (Specify)

29e. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated.

29b. Signeture and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

RES- 000

August 10, 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Chin Hur 110 Tower, John's Hopkins Hospital Baltimore, Maryland

State Registrar 31. Date filed (Month, Dey, Year) AUG 1 4 1997 32 Registrar's Signeture Julia Savidson-Randoll

**DHMH 16 Rev 6/95** 

P.O. Box 68760, Division of Vital Records, To the Hospital of within 24 hours a To the Funeral D completely filled in

The law requires that the death certificete be executed Hospital or Attanding Physician:

Be Completed certificate P this funeral Certification: After I hours after death.

Medical

Menner of Deeth Naturel 2 Accident

4 Homicide

3 Suicide

5 Pending Investigation

6 Could not be determined

28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

1 Yes 2 No

281. Location (Street end Number or Rurel Route Number, City or Town, Stete)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Dete of Deeth **Physician** Jones Emily :45 AM 4b. City, Town, or Location of Death /Medical 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** LAUREL
If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 4TH STREET APT. B PRINCE GEORGE'S 5. Social Security Number if Under 1 Ye 7. Aga (In yrs. lest birthday) Birthpleca (Steta or Foreign Country) **Funeral** 1□M 2ÑF Days Yrs. Director 579-48-6441 OCT. 8, 1919 VIRGINIA Usual Residence of Deceden 10a State 10h County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic evant, the Modical Exemples must be notified at 10d. Inside City Limits 1 Yes 2 XNo Director MARYLAND PRINCE GEORGE'S LAUREL 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 909 4TH STREET APT. B 20707 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armad Forces? 1 ☐ Yes 2 Ži No if Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indien, Bieck, White, etc. 1 ☐ Naver Marriad 2 ☐ Married 1 ☐ Yes 2 No λq Specify: 3 X Widowed 4 ☐ Divorced WHITE Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedenf's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event. Its Market and Injury or other traumatic event. Its Market and Injury or other traumatic event. Eiementary/Secondery (0-12) College (1-4or 5+) 8 HOMEMAKER OWN HOME 17. Fether's Neme (First Middle Last) 18. Mother's Name (First, Middle, Melden Sumema) Be WILFORD HAIRFIELD 0 CLORINE WOLFREY 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) 20724 19a. Informent's Neme/Reletionship (Type, Print) JAMES MERRITT JONES 7285 FORT MEADE ROAD, LOT #13, LAUREL, MARYLAND 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 8/9/97 BRENTWOOD, MARYLAND 21. Signeture of Funaral Service Licensee 22. Name and Address of Fecility FRANCIS J. COLLINS FUNERAL HOME, INC. never. 500 UNIVERSITY BLVD., W., SILVER SPRING, MD 20901 23e. Part1. Enter the flisease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final Cancer unknown source disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted avents resulting in deeth) Lest **buniel-trer** Due to (or es e consequenca of): physician s the buriel Physician/Medical Due to (or es a consequence of): 80 for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Breast conce 3 Probably Unknown 1 Yes 2 No by 24b. Were eutopsy findings aveilebia prior to completion of causa of deeth? 24a. Wes en eutopsy performed? pege 2 should Completed Lives Failure 1 Yes 2 No 25. Wes case referred to medical Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yas 250No 2 1 Inpatient 2 ER/Outpetient 3 DOA To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After the completely filled in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: 1 Naturel 5 Pending invastigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 Sulcide 28e. Plece of injury - At home, ferm, streef, factory, office building, etc. (Specify) 28f. Location (Straet end Number or Rural Routa Number, City or Town, Stete) 4 Homicide The Certifying Physician: To the best of my knowledge, deeth occurred et the fime, date and piece, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) end menner steted. Medical 29a. Certifier (Check only one) 29d. Data signed (Month, Day, Year) August 7, 1977 29b. Signature end fille of certifier 29c. License number yMon MD 30. Neme and address of person cause of deeth (Item 23e) (Type, Print) 14333 Laurel Borneld #307 Laurel MD 2070 8

State Registrar

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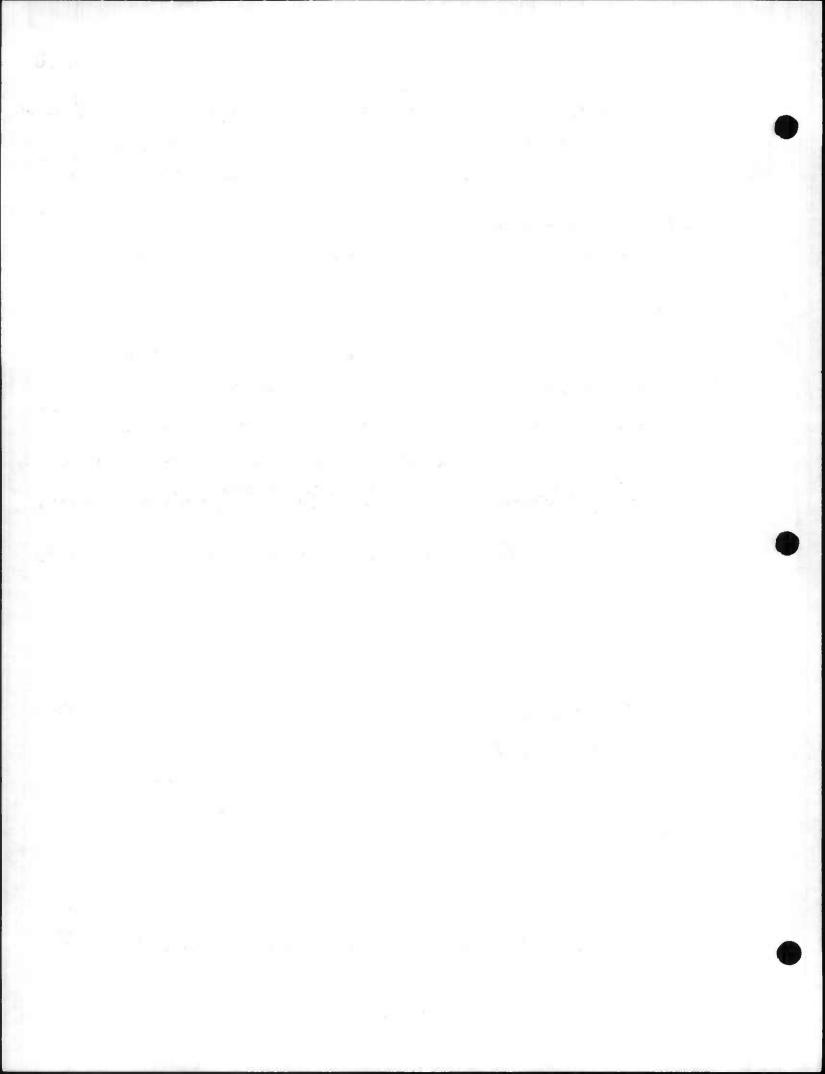
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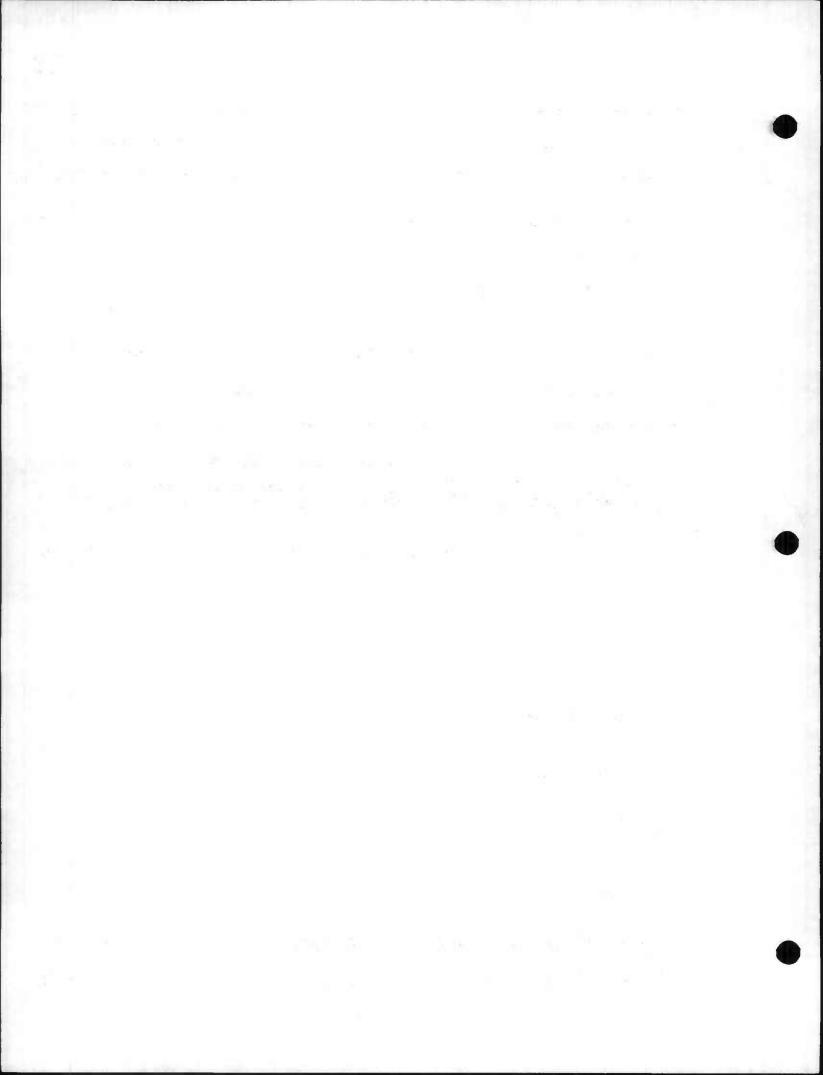
The lew requires



State of Maryland / Department of Health and Mental Hygiene 25749 Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 545 Am Month **Physician** August Katherine M. Johnson /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Silver Spring Montgomery Holy Cross Hospital If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 6. Date of Birth (Month, Day, Year) **Funeral** Days 1 □ M 2 😾 F Months Hours Director Aug. 17, 1923 579-22-7677 73 Washington, D.C. Usual Residence of Decedent the Maryland 10b. County 10c. City. Town or Location rai", or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Montgomery Wheaton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20902 U.S.A. 1001 Kersey Road Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status Black, White, etc. efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ☐Yes 2☐No 00 1 ☐ Yes 2 ☐ No Specify: by 3 Widowed 4 Divorced Year or Dates natural White the Medical Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 is marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 20 Hurdle Kate Henry Wassmann 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 Department of Health a Important: If Item 27 Is any Injury or other trau Wheaton, Maryland 20902 1001 Kersey Road Pete J. Johnson 20a, Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) Dete 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery 8/12/97Silver Spring, Maryland 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. anti. Enter the disease shock, or heart factors 500 University Blvd., W., Silver Spring, MD 20901 of complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiretory errest, and one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final OVARIAN CANCER year diseese or condition resulting In death) Examiner Due to (or as a consequence of) Examiner requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue tran Due to (or as a consequence of): physician e Box 68760. Physician/Medical Due to (or as a consequence of): for use as P.O. Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Cancer Records, þ 24b. Were autopsy findings evailable prior to Completed 24a. Was an eutopsy completion of cause of death? The law pege 2 s 1 ☐ Yes 2 DXNo 1 ☐ Yes 2 ☐ No certificate of Vital Hospital or Attending Physician: 24 hours efter death. director Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 25(No Certification: To 1 Denpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After Division 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Ptace of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours of To the Funeral Completely filled 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier License number mo completed cause of death (Item 23a) (Type, Print) Wheaten, mp MD 394 32. Registrar's Signature

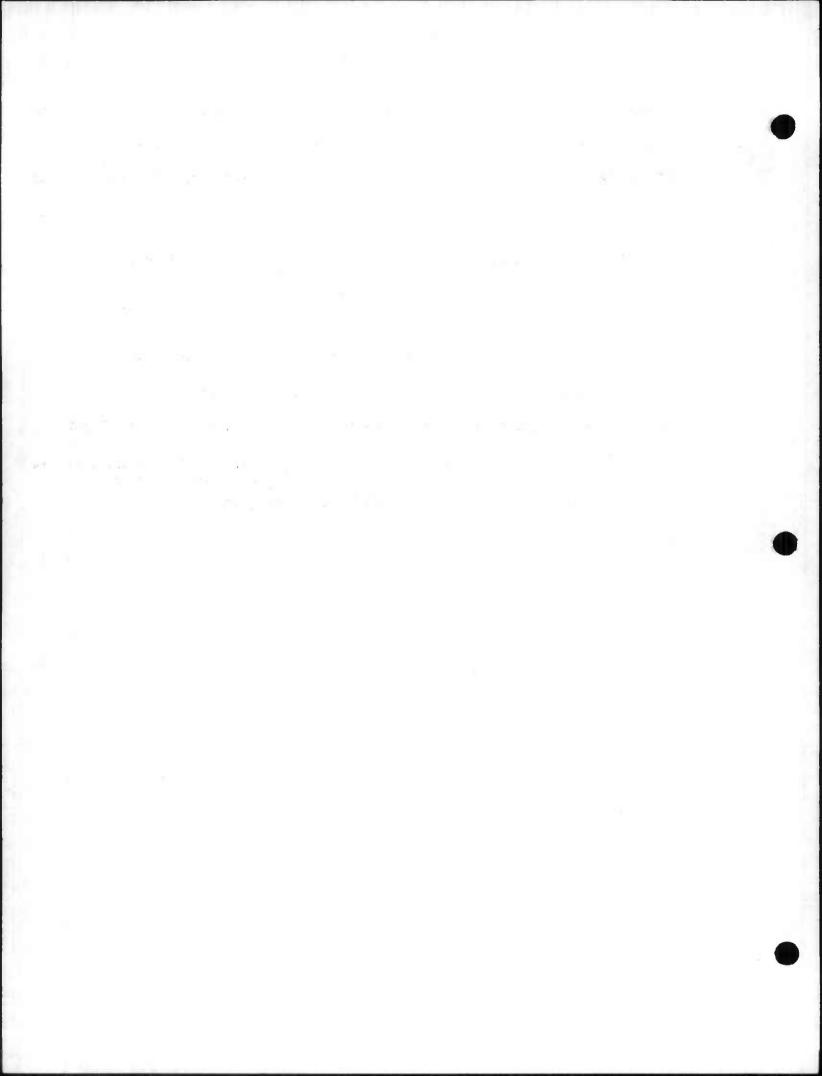
**DHMH 16 Rev 6/95** 

State Registrar



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Examin	er			reet erro ribilit	361)							
		Suburban Hosp 5. Social Sacurity Number	6. Sax	7	Ane (In vrs	. lest birthdey)	If Under 1 Year	Bethesda		Montg		
Funeral lirector		578-28-9550		M 2⊠ F	7(	Ven	Months Deys	Hours Min.	(Month, De	y, Year)	Coun	laca (State or For
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Now at		10a. State 10b. Cou	unty		10c. Ci	ity, Town or Loc	ation				1	0d. Inside City Lin
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at be	ai D	18020 Chalet	Drive	#102			20874			United	State	9.0
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ni', or items 23a or 28a-f show Examiner must be notified at	by Fu	1 Never Married 253.1 3 Widowed 4 Divor		Armed Force 1 Yes 2 If Yas, Give Yaar or Date	IX No		Yes, specify Cub	en, Mexican, Puar Specify:	to Hican, atc.)	Specify		
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the Medical	Completed	(Specify only highest grade completed) (Give kind of v Elementery/Secondary (0-12) Collega (1-4or 5+)		kind of work done O NOT use retire	nt's Usual Occupetion nd of work done during most of working NOT use retired)				,			
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arkad witic ex	To B	William P. Su	tton					Emily	Watt	S		
7 E E		19a. Informant's Name/Relet		e, Print)		19b. Mailin	g Address (Street	end Number or R			State, Zip	Code)
27 is or frau		Robert V. Joh	nson (	Husban	ıd)	18020	Chalet	Drive #10	)2. Germ	antown.	MD 2	0874
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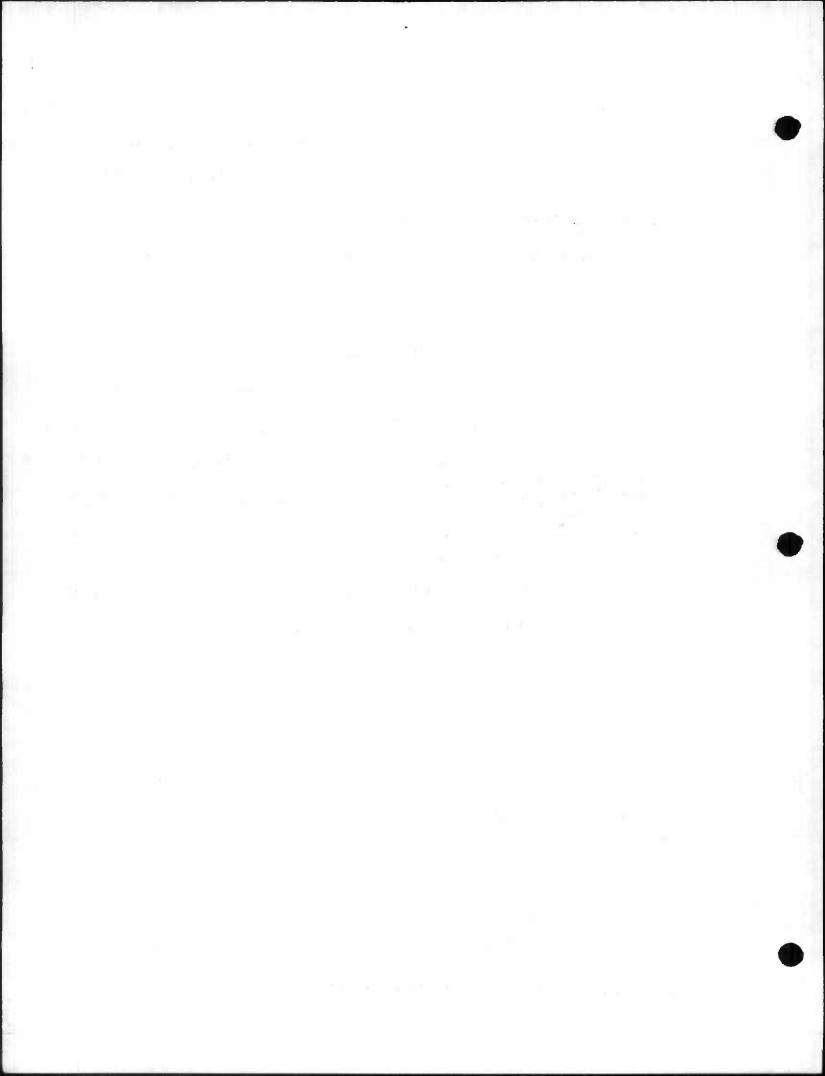


State of Maryland / Department of Health and Mental Hygiene

25751

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month August 11 1997 4:15 P.M. VIOLET ELIZABETH JAMES /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital Cumberland Allegany If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dev. Year) **Funeral** 1□M 21 F Deys Yrs 90 Director NOV. 6, 1906 MARYLAND 214-07-0455 Usuai Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, it a Madical Examination must be notified at 1 Yes 2 No Director MARYLAND ALLEGANY LAVALE 10e. Street and Number 10f. Zip Code 10g. Cifizen of Whef Country? USA VOCKE ROAD 21502 Funerai 72 hours efter death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, 1 f. Merifel Stetus Bleck, White, efc. 1 ☐ Yes 2 ŽNo If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: by Specify: 3 X Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 2 should be filed within 7 nend Mental Hygiene.
Is marked other than "n Elementary/Secondery (0-12) College (1-4or 5+) RUBBER CLERICAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be SUSAN ELIZABETH HAINES EDWARD G. MCGILL 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) NIECE permit. Pages 1 end 2 sh Department of Heelth end Important: If Item 27 is m any injury or other traum once. NANCY MCGILL PHILLIPS/ MCMULLEN HWY., CUMBERLAND, MD 21502 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) MT.PLEASANT UMC CEME. 8/14/97 CUMBERLAND, MD 22. Name end Address of Fecility HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY., LAVALE, MD 21502 Approximete Interval Between Onset end Deeth Do not enter the mode of dying, such as cardiac or respiretory errest. Physician Immediete Cause (Finel disease or condition resulting in death) /Medical Hematemesis 1 day **Examiner** Due to (or es e consequence of): Examiner Coronary artery disease 5 years buriel-tren Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury end Due to (or es e consequence of): Box 68760, physiclen Chronic congestive heart failure 5 years certificate be Physician/Medical thet initieted events resulting in deeth) Lest the Due to (or es e consequence of): 80 nse ō P.O. Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 6 1 Yes 2 No 3 Probably Amenknown signed t Division of Vital Records, by 24b. Were autopsy findings evellebte prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peen The lew 725 page 2 certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: 1 propatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 27. Manner of Deeth 28d. Describe how Injury occurred Certification: 28e. Dete of tnjury (Month, Dev Yeer) 28b. Time of 28c. Injury et Work? or Attending 1 Maturel 5 Pending o the Hospital or Attandli ithin 24 hours efter deeth. o the Funeral Director: A 1 TYes 2 □ No investigation efter deeth. 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: In the basis of examiner on the basis of examiner on the ceuse(s) end menner steted. 29a. Certifier Medicai (Check only one) To the F within 2 29b. Signeture end title of certify 29c. License number 29d. Dete signed (Month, Dey, Year) D 36766 TUS 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 955 Frederick Street Cumberland, MD Vik Poonai M.D. 31. Date filed (Month, Dey, Year) AUG 1 3 1997 62. Registrer's signature Registrar



25752 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** 1997 46 10.23 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SouTHERN CHNION irthday)

If Undar 1 Yaar | ff Undar 24 Hrs. 8. Data of Birth (Month, Day, North, Day, Sent, 22 GEONGES LAND LINCE 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 69 Sept. 22, 1927 Director 541-30-8350 North Carolina Usual Residence of Decedant permit. Pages 1 and 2 should be lied within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "naturel", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Exercises prust be not med once. 10a Slata 10b. County 10c. City, Town or Location 10d. Insida City Limits Prince Georges Forestville 1X Yas 2 No Maryland Director 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 3733 Donnell Drive, Apt. 103 20747 States United Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian Black, Whita, atc. 1 Nevar Marriad 2 Married 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: þ Specify: Black 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada complated) Elamentary/Secondary (0-12) Collega (1-4or 5+) Construction Worker Construction 12th grade 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Willie Jones Lillie P Mae Glasper 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20747 3733 Donnell Drive, Apt. 103; Forestville, Maryland 19a. Intormant's Name/Ralationship (Type, Print) Mattie Mae Jones (wife) 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Rockford Cemetery Aug. 16,1997 Lenior County North 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Morrow & Woodford, Inc. Funeral Home; 1622 11th Street, N.W.; Washington, D.C. 20001 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata fntarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) a. CONGESTVE F

Dua to (or es a consequence of): Examiner Physician/Medical Examiner years physician and the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of): d for use as t signed by the at d be detached for Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ been si 24a. Was an autopsy performed? 24b. Wara autopsy tindings available prior to completion of cause of death? Completed page 2 s certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: director. 25. Was casa ratarred to medical axaminar? Be 26. Pleca of Deeth (Check only ona) Hospital: 1 ☐ Yas 2 XNo Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatiant P 2 ER/Outpatient 3 DOA After this funeral 28a. Dete of Injury (Month, Day Year) 27. Mennar of Deeth 28b. Time of Injury 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 5 Pending invastigation 1 Matural after death. 1 ☐ Yas 2 ☐ No 2 ☐ Accident 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida n 24 hou. 29a. Cartifiar (Check only one) edical 1 Cartifying Physician: To the best of my knowledga, daath occurred at the time, dete and place, end dua to the ceusa(s) and mannar as stated. To the Hosp within 24 hos To the Fune completely fi 2 Medical Examinar: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D46478 30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) Surratts Rd Surte 307, dinton, mp 20737 Patelm) 7531 Surech A. 31. Data filed (Month, Day, Year)

State Registrar

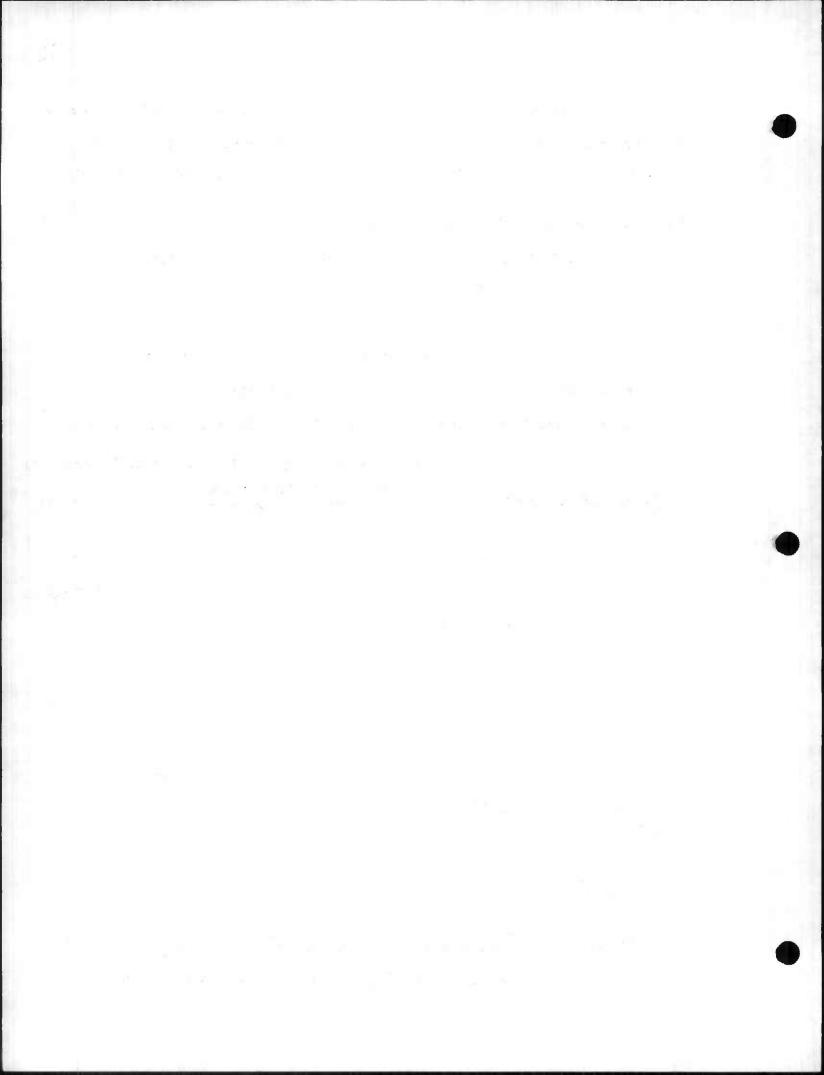
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32. Registrar's Signatura

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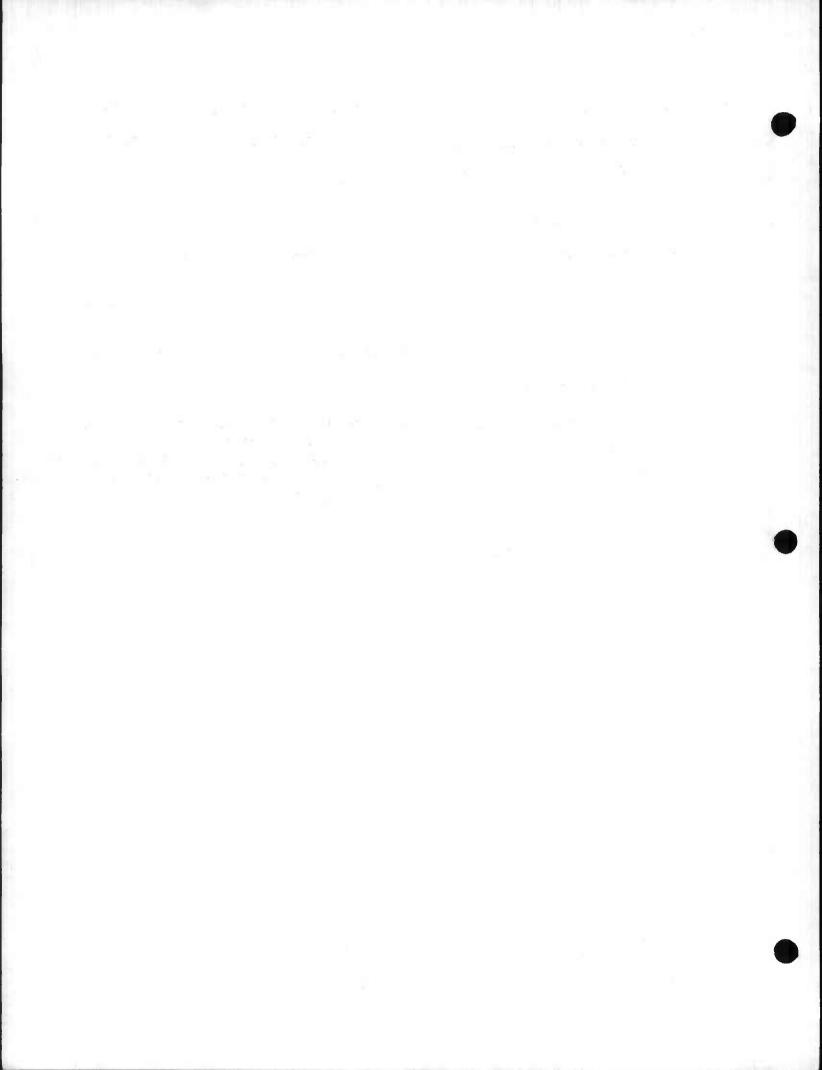
State of Maryland / Department of Health and Mental Hygiene 97 25753

					Cer	tificat	e of	Death		R	eg. No.		
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Ne N	5	Maryland Prince	George's	Hyat	tsvi								
\$ 6 B	Director	10e. Street and Number				10f. Zip	Coda			1	0g. Citizan of	What Cou	intry?
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ep .	Funeral	11. Marital Status	12. Was Decedant Armed Forcas?	Evar in U,S.	13. V	Was Daced	dant of	Hispanic Ori ban, Maxicai	igin? (Spendarto	ecify Yas or No- Rican, atc.)		ce - Amari	ican Indian,
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d within 72 hours af giane. or than "natural", or the Medical Exam	Completed	15. Dacedant's Ed (Specify only highast gra	fucation	16	a. Deced	lant's Usu	el Occi	upation a during mos	t of work	ina	16b. Kind of E		
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0 5 0 0	ToB	Clinton B. Lewis						M	arjo:	rie Ha	dcock		
s 1 and 2 should f Haalth and Men fem 27 is marke other traumatic	-	19a. Informant's Name/Ralationship (	Type, Print)	19	b. Mailin	g Address	(Stree	at and Numb	er or Run	al Routa Numba	r, City or Town	, State, Zi	ip Code) 20782
alth ar 27 is		Sister Jean Barba	ro Vorkico	h CCC	6020	Core		Pond	#221	06 U	tsvill		
ss 1 and 2 of Haalth item 27 is		20a. Mathod of Disposition	La KULKISC	20b. Place				. Koau	11 2 21		20c. Location		7
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permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funarai Sarvica Lican	Saa					rass of Facili		Funeral	Homo	Tno	
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/Medicai	_	Immediata Causa (Final											c 1
Examiner		disease or condition resulting in death)	a. sep	5 (3			-					1	Seary
	9			Dua to (or es								60	5 days
pe tsu	Examine		0.	hoper		1							3 days
and al-tra	xal	Sequantially list conditions, if any, laading to immadiata		Dua to (or as a	a conseq	uanca of):							
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eath certificate be executed attending physician and for use as the burial-transit	Medical		d									1	
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0 00 0	Physician	Pert II. Other significant conditions of	ontributing to death be	ut not rasulting	in tha ur	ndarlying o	ause g	Ivan In Part	1.	23b. Dld to	bacco use co	ontribute i	to the cause of death
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To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completaly filled in by the funeral process.	Me	29b. Signatura and titla of certifiar		-		290	c. Licar	sa number		2	9d. Data sign	ed (Month	Day, Year)
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V		7	201	00			-	7 50			ing.	, ,,	2,1997
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	ate	31. Dete filed (Month, Day, Year)	32. Registra	ar's Signatura	. 50								
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State of Maryland / Department of Health and Mental Hygiene 97 25754

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Second Control   Seco											<b>GOMERY</b>		
Use   Residence of Decaders   Use Carety   Use Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No   Use of Capture or Location   Use 20 No	CONTROL SCHOOL			4 DM off		Mont			(Month, De	th ey, Year)	Country	y) .	oreign
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22. Part I. Einer the disease, or completations that calged the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.    Approximate phase and the	nent nent nut: h										la, Ma	ryland	
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23a. Plant. Enter the disease, or complications that calged the death. Do not enter the mode of dying, such as cardiec or respiratory errest, above, or heart failure. Lut only one cause on seed line.  The death of the disease or conditions are considered in disease or conditions.  The disease or conditions are consequence of):  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  Farry, leading to immediate Cause (Fine)  Sequentially list conditions.  I Sequentially list conditions.	BSESS		3/1:18	P	woooo	Rocky	ille.	Inc. 3	00 West	Montgom	ery Av	renue	
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Transcribed Cause (Finel desease or conditions resulting in death)  Due to (or es e consequence of):  Sequentially list conditions cause (Finel desease or conditions)  Sequentially list conditions cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Sequentially list conditions (or es e consequence of):  Cause (Finel desease or conditions)  Due to (or es e consequence of):  23b. Did tobseco use contribute to the cause of death or easier of destance or consequence of):  1   Ves 2   No 3   Probably   Abdinknow or destance or destan	hysician		shock, or heert failure. List only	/ one cause on each li	ne.						i Ir	ntervel Betwee	en eth
Per II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Per III. Other algnificant conditions contribute to the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause of long of death of the cause o			Immediate Ceuse (Final	lut.	~ 1	~	٨	10000				101-	
Sequentially list conditions, flery, leading to immediate gause. Enter Underlying to the course of t	xaminer		resulting in death)	в. ТКС	Due to for es e	consequence	201			-	1	10 00	g
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Cause (Disease or Mining in deeth) Last    Due to (or es e consequence of):	ransi	Ē	Sequentially list conditions	b	Sus (or es e	consequence	of):			_		2720	~
Description of the cause of death and the contribution of the cause	an ar		if eny, leading to immediate cause. Enter Underlying				,						
Described by the service of the serv	ysich ne bu	cal	thet initiated events	C	Due to (or es e	consequence	of):						
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Pert it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    23b. Did tobacco use contribute to the cause of death   1   Yes 2   No 3   Probably 4   Minknow   24e. Wes en eutopsy performed?   24b. Were autopsy findings available prior to completion of cause of death?   1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 2   Yes				d									_
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Were eutopsy findings aveilable prior to completion of cause of deeth?  1   Yes   25   No	ed fo	200	Pert it. Other significant conditions	contributing to death b	out not resulting i	n the underlyin	ng cause giv	en in Part I.	23b. Dld	tobacco uae co	ntribute to t	he causa of d	leath'
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  25e. Wes case referred to medical exeminer?  1   Yes   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25   No   25	tach tt	چ							10	Yes 2□No	3 ☐ Probe	ably 4 Mni	know
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27. Menner of Dath 1 Naturet 2 Accident 3 Sulcide 4 Homicide 28a. Date of Injury (Month, Dey Year) 28a. Date of Injury M 1 Yes 2 No 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No 28d. Describe how Injury occurred 28d. Describe how Injury	tifica tor, p			T				28. Place of De					-
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Tankag (af M.D D3967) AUGUST 4th 1997  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  ANKAJ LAL 11119 ROKUILLE PIKE # 100	houn nera y fille		29e. Certifier 1 CertifyIng P	hysician: To the best	of my knowledge	e, deeth occurr	ed et the tir	ne, dete end plece	e, end due to the	ceuse(s) end me	enner es stel	ted.	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25755 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Deeth 3. Tima of Daath **Physician** Samuel Karp 1997 August 5, 1:35pm /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Ring House Rockville Montgomery If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Days Months 1 XM 2 ☐ F 721-03-5129 Yrs. 93 Feb. 12, 1904 Connecticut Usuel Rasidanca of Dacadent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYas 2 No Maryland Montgomery Rockville Director 10e Street and Number 10f Zin Code 10g. Citizen of What Country? 1801 E. Jefferson St. #641 20852 U.S.A. Funerai 12. Was Dacedent Evar in U,S Armed Forcas? 13. Was Dacadant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Navar Married 2 N Married 1 ☐ Yas 2 No If Yas, Give Yaar or Datas: 1 ☐ Yas 2 No Specify. Specify: White Completed by 3 ☐ Widowad 4 ☐ Divorced 15. Dacadant's Education (Specify only highast grada completed) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) Attorney Self-Employed 17. Fethar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Be Charles Karp Celia Rosen 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Marilyn Silverman 1513 Allview Dr. Potomac, MD 20a. Mathod of Disposition 20b. Pleca of Disposition (Nama of camatary, crematory or other placa) 20c. Location - City or Town, Stete Burial 2 Cramation 3 Removal from State King David Mem. Gdns. 8/8/97 Falls Church, VA 4 Donation 5 Other (Specify) 21. Signature of Funeral Service 22. Nama and Addrass of Facility
Tves-Pearson Funeral Homes 2847 Wilson Blvd. Arlington, 22201 23a. Part1. Enlar the disease or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or raspiratory arrest, shock, or heart failure. List only one ceusa on each line. Approximeta Intarvel Between Onsat and Deeth Immadlata Ceusa ir inai sa or conditi n rasu fing in deeth) Years Cerebrovascular Disease Dua to (or es e consequance of): Examiner Generalized Arterioselerosis Years Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initioted events resulting in death) Last Due to (or as a consequence of) Physician/Medical Dua to (or es a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease à 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? Peripheral Vascular Disease 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Wes casa refarrad to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 | Inpatient 2 | ER/Outpetiant 3 | DOA Other: 4 Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 1 Yas 2 No Medical Certification: To 27. Manner of Death 28a. Deta of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred XXNetural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datarminad 3 Suicide 28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 X Certifying Physician: To the best of my knowledge, daeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a, Cartifian 29b. Signature and title of certifiar 29c. License number 29d. Dete signed (Month, Dey, Year)

Do5885

8/8/97

The law requires that the death certificata be executed the buriel-transit and P.O. Box 68760, for use es ettanding ed by the e ate has been signed by page 2 should be datac Division of Vital Records, this certificate al or Attending Physician: The sefter death. funeral director. illed in by the To the Hospital of within 24 hours of To the Funeral D completely filled in

**Funeral** 

Director

"natural", or Items 23s or 28s-f show solds! Examiner must be notified at

Pages 1 end 2 should be filed within 72 hours efter of the filed halth and Mental hygiene.

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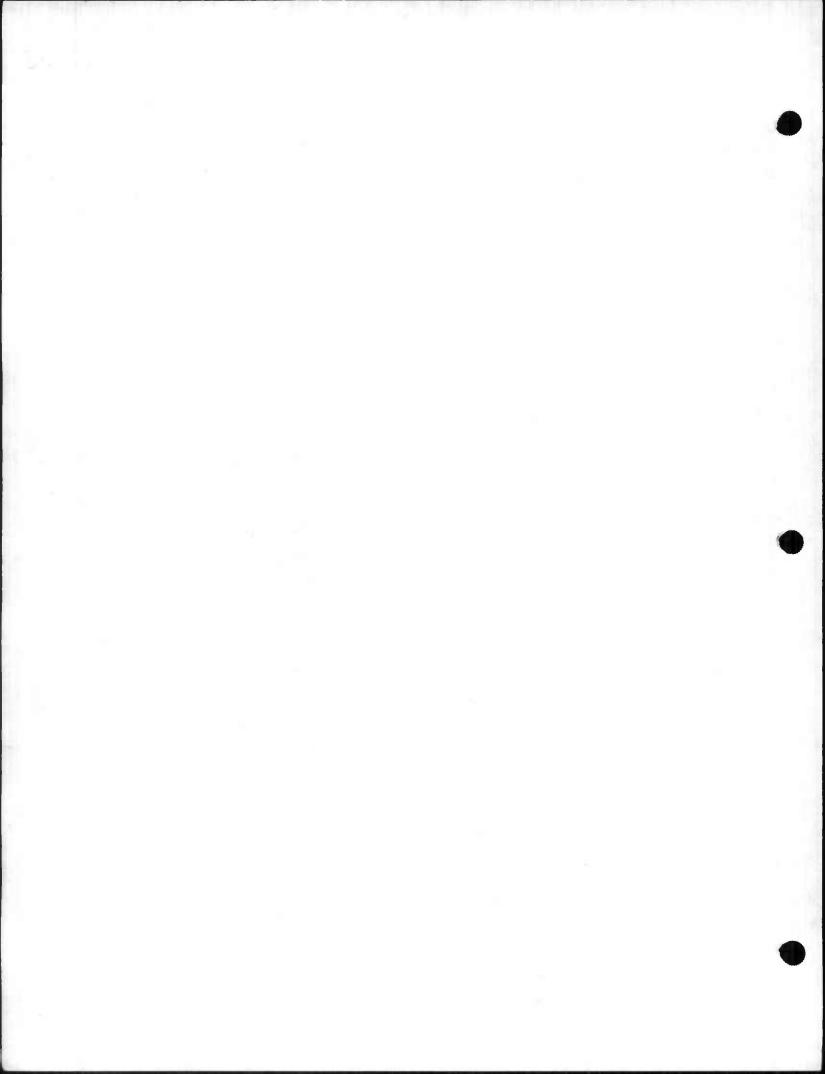
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31. Date filad (Month Alay (Yaq)) 1 State Registrar

Steven Lipson,

causa of death (Item 23a) (Type, Print), 1 Montrose Road, Rockville, MD 30. Name and addrass of person who comple mplefed ca 32. Ragigitar's Signature 1997

**DHMH 16 Rev 6/95** 



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Physici Medi	cal	DONALD					1	0, Dey 1997	3:33 1
Examir	ner	4a. Facility Name (If not institution, give				4b. City, Town, or I		The state of the s	
uneral irector		4/2-12-05/1	Sex 7. Age (In yrs		nder 1 Year ths Days	ROCKV ]  If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day JUNE 2	MONTGO (Year) 9.	OMERY CO a Birthpiace (State or Fo Country) IOWA
MG III		Usual Residence of Decedent  10a. State 10b. County	10c. C	City, Town or Location					10d. Inside City Li
ried a	tor	MD. MONTGO	MERY CO.	BETHE	SDA				1 <b>X</b> Yes 2[
23a or 28 ust be not	ral Director	10e. Street and Number 5911 – AVON	DRIVE	10f	Zip Code 2081	.4		10g. Citizen of What US	
al, or items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 ☒️Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in Armed Forces?  1 X Yes 2 No if Yes, Give Year or Detes: 194	1	ecedent of H specify Cube as 2 No	lispanic Origin? (Si an, Mexicen, Puert Specify:	pecify Yes or No- Ricen, etc.)	14. Race - A Black, W Specify:	mericen Indien, /hite, etc.
		15. Decedent's E. (Specify only highest gra	ducation	16a, Decedent's I	Usual Occup	ation	king	16b. Kind of Busine	ess/Industry
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off.	Be Co	17. Father's Name (First, Middle, Last,	)	LIMAN	CIAD			Malden Sumame)	GOVI.
	To B	CHARLES M.	KULL			MATII	DE MAR	CUSON	
7 Is m traum		19a. Informant's Name/Relationship (MRS.HILDUR KUL)	**	19b. Mailing Add 5 9 1 1 –	ress (Street AVON	and Number or Ru DRIVE,	BETHES	r, City or Town, State DA, MD • 20	e, Zip Code) 0814
20		20e. Method of Disposition 1 ☐ Burial 2 🖔 Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	Place of Disposition of cemetery, crematory TROPOLIT	or other place		Date 7-8/11	20c. Location - City  ALEXANI	or Town, State ORIA, VA.
Important: If any Injury or Once.		21. Signature of Funeral Service Licer  23a. Pert1. Enter the disease of com- shock, or heart fellure. List only		HV	SONG	ss of Facility			
physician and the buriel-transit	cal Examiner	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events	b. Due to (	(or as a consequence	of):				
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ttending or use as	nysician/M	Part II. Other significent conditions of		sulting in the underlying	ng ceuse giv	en in Part I.			ute to the cause of de
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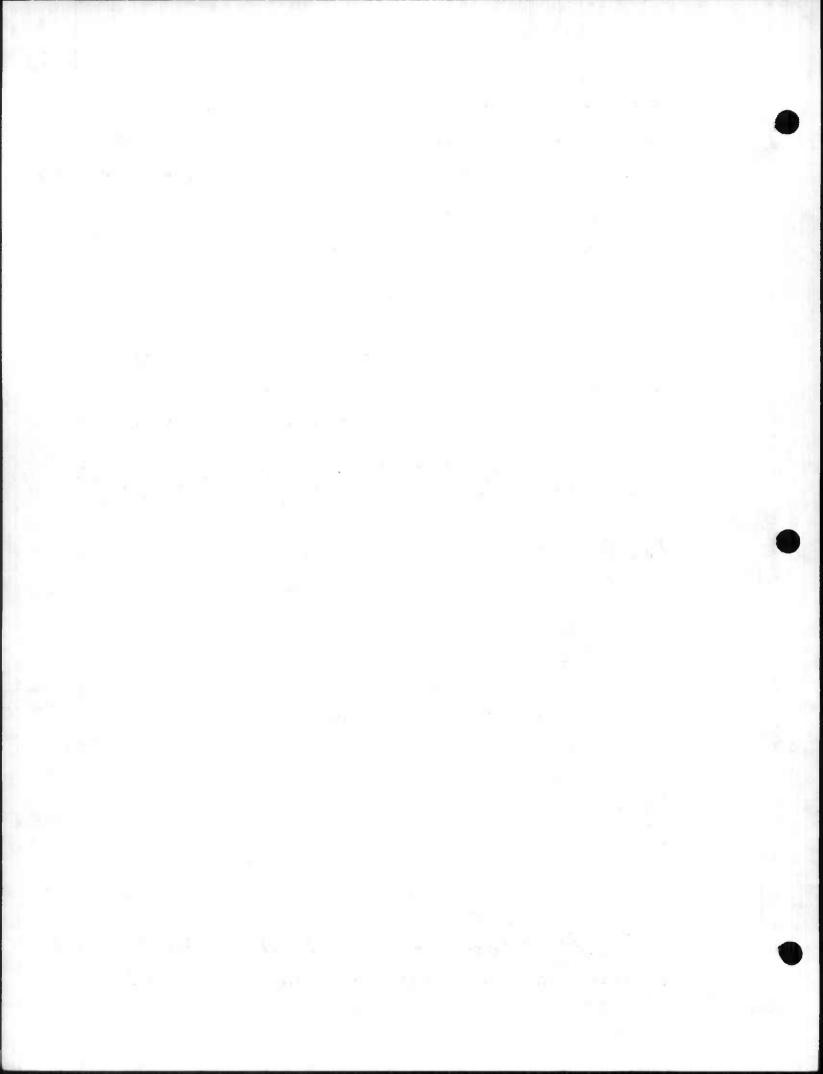
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Vital Indicate certificate rector, pag	Be	25. Was case reterred to medical		, , , , , , , , , , , , , , , , , , , ,		/30-10		26. Place	ot Deeth	(Check only on	a)	1		
of Vita Physician: this certific ral director,	To	axaminer? 1 Yes 2 No	Hospitel: 1 ☐ Inp	atient 2 E	R/Outpatier	nt 3 DO	A Ott	her: 4 No	ursing Ho	me 5 Reside	nce 6 DOth	er (Specif	v)	
		27. Manner of Death	28a. Date of	Injury 2	28b. Time o	f 28	Bc. Inju Wo			28d. Describe ho			9	
ion iding I ith. After a funer	유	1 ■Neturel 5 □ Pending 2 □ Accident Investigation		Day Year)	Injury	М		nk/ ]Yes 2□	No					
Attending or death.	Certification:	3 ☐ Suicide 6 ☐ Could not be	Zoe. Piece of	Injury - At hon	ne, term, str	eet, tactory,	office			28f. Location (St.	raat and Numb	per or Rura	/ Routa /	Vumber,
Die Bring	To	4 Homicide	building	, etc. (Specify)						City or Town	, Stata)			
ours ours fille		29a. Certifier 1 Certifying Ph	velcien: To the he	set of my know	ledge deett	h occurred a	t the ti	me date an	d place	and due to the or	uso(s) and me	annor se e	tated	
Fun Fun	edical	(Check only 2 Medical Exam	<b>niner:</b> On the besi	s of examination	on and/or in	vestigation,	In my	pinion, dea	th occurr	ed at the tima, de	ite and piaca,	and due to	the cau	5e(s)
Divisio To the Hospital or Attendi within 24 hours after deeth. To the Funeral Director: A completely filled in by the fi	N N	29b. Signature and title of certifier	and manna	Jiaidu,		200	Linen	se number		- 00	d. Date signe	d (Month	Day Ve	ar)
F. 3 F. 8	-	1 11	71.11			250.						1		1
10		1-10			m		- 1	0333	57		8/12/	5 1		
		30. Name and address of person who								Ave (		-1		20818
		Lee Jenathan	prosh	er mu	5.	530	W	scon.	sin	Ave (	Che my	, Ch	الحو	has
S	tate	31. Date tiled (Month, Day, Year)	32. Reg	istrar's Signatu	ire	2 .								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 25758

1. Decedent's Name (First, Middle, Last)  Alice Ann Lochte  4e. Facility Name (If not institution, give street and number)  4b. City, Town	2. Dete of D Month Augus	Day	3. Tima of Death
Examiner  4e. Facility Neme (If not institution, give street and number)  4b. City, Tow		L / 1 / 9	97 6:55 A.M
	VII, OI LOCATION OF Dea		
Mariner Health Care of Bethesda Bethes	e h e		gomery
E Coolel Convite Museum Co. T. C. C. C. C. C. C. C. C. C. C. C. C. C.			
Months Devs Hours	Min. (Month, L	Day, Year)	Birthplace (State or Foreign Country)
Director 579-01-7662 82 Yrs.  Usual Residence of Decedent	Dec. 1	2, 1914	Rhode Island
10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
Maryland Montgomery Bethesda			1 ☐ Yes 2√E No
10a. State 10b. County 10c. City, Town or Location Maryland Montgomery Bethesda  10b. Street and Number 10f. Zip Code		1	
		10g. Citizen of 1	•
5803 Lone Oak Drive 20817		Unite	d States
5803 Lone Oak Drive  20817  11. Maritel Status  1	in? (Specify Yes or N Puerto Rican, etc.)	lo- 14. Rac	ca - American Indian, ck, White, etc.
1 Never Married 2 Married 1 Yes 2 No If Yes, Give 1 Yes 2 No Specify:	,		
3 Widowed 4 Divorced If Yes, Give Year or Dates:  1 Yes 2 No Specify:  1 Yes 2 No Specify:  1 Yes 2 No Specify:  1 Yes 2 No Specify:  1 O		Specify	White
Solution   Specify only highest grade completed   Speci	of unding	16b. Kind of Bi	usiness/Industry
(Specify only highest grade completed)  (Give kind of work done during most of the complete of	or working		
Launderer		Dry C	leaning
17. Father's Name (First, Middle, Last)  18. Mother	's Name (First, Middl	e, Malden Surnen	19)
John Sotnick  Cathe	erine Mus	ic	
To the state of th	or Rural Route Num	ber. City or Town	State, Zip Code)
Lawrence A. Lochte 5803 Lone Oak Drive  20a. Method of Disposition 20b. Place of Disposition (Name of Disposition)	Detliesu	a, Maryr	City or Town, State
20a. Method of Disposition  20b. Place of Disposition (Name of cemetery, crematory or other placa) August	st 16, 199	7	City of Town, State
		Rockvil	le, Maryland
21. Signature of Funeral Seprice License Bethesda-Chevy Cl	Robert A.	Pumphre	y Funeral Home
The state of the s			Visconsin Ave.,
Bethesda, Ma  23a. Fund Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as caused the death. Do not enter the mode of dying, such as caused the death.	ardiac or respiretory	arrest,	Approximate
Physician List only one cause on each line.			Interval Between Onset end Death
		7	
Examiner disease or condition resulting in death) a.	oude	ny	minule
/Medical Examiner   Immediate Cause (Final disease or condition resulting in death)			relais
B is in alual fifulation			years
Due to (or as a consequence of):    Consecution   Consecut			
SO SO SO SO SO SO SO SO SO SO SO SO SO S			
A S S S S S S S S S S S S S S S S S S S			
parameter and contract of the			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Selle obstructive lung disease  Selle obstructive lung disease	23b. Did	I tobacco uss cor	ntributs to the causs of death?
Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	15	Yss 2□ No	3 Probably 4 □ Unknow
Special seile obstructive king disease			
Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Selle obstructive length of the end	24e. We	s an autopsy	24b. Were eutopsy tindings
The law required as the law required as the law required bage 2 should are law been is been as the law of the law required as the law of the la	perf	ormed?	evallable prior to completion of cause
a see see see see see see see see see se			of death?
= F a a o o	10	Yes 2 No	1 ☐ Yes 2 € No
25. Was case referred to medical examiner?  1   Yes   2   No   Hospital:   Inpatient   2   ER/Outpatient   3   DOA   Other:   4   Nurs   27. Mannecof Death   28a   Date of Injury   28b   Time of   28c   Injury   28b	of Death (Check only	one)	
25. Was case referred to medical examiner?  1   Yes 2   No	sing Home 5 🗆 Res	idence 6 DOth	er (Specify)
27. Manner of Death 1 Natural 5 Pending 28a. Date of Injury (Month, Day Year) 28b. Time of Injury Work?		how Injury occurr	
27. Manner of Death    27. Manner of Death   28. Date of Injury	0		
S Sulcide 6 Could not be determined 28e. Placa of injury. At home, farm, street, factory, office			er or Rural Route Number,
building, etc. (Specify)	City or To	wn, State)	
27. Manner of Death   1	place and due to the	serves(s) and ma	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and compared to the time, determined to the time,	occurred et the time	date and place,	and due to the cause(s)
end manner stated.  29b. Signeture and fille of cartifier  29c. License number		20d Data slesses	d (Month, Day, Year)
	11	A Date signed	(Month, Day, Year)
PER SULTANA AND THE OF CARTINES		HUQUST	17 1997
Sylvettie and time of carrier of the sol of 239	//		17////
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	//		1
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  9410 0 L D GEORGETOWN RD BETHESK	MD	2081	4
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	MD	208/	4



by the hospital or attending physician. be detached for use as the bunal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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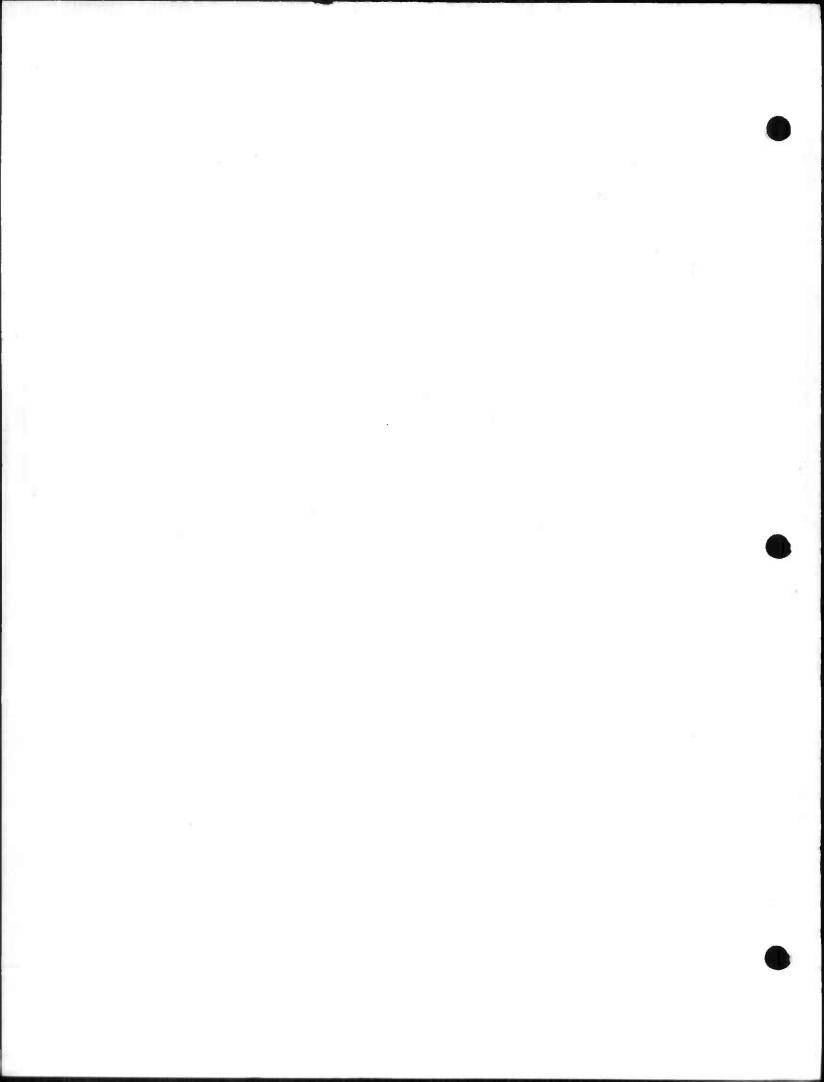
eanne P. Asher,
31. DATE FILEAUG 14 1997

Asher, M.D.,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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D.T.	TO	e fi	MP
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FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR		HEALTH AND	MENTA	L HYGIEN		7	40/09
1. DECEDENT'S NAME (First, Middle, Last)		CENTIL	ICAIL O	DEATH	T 2 DATE	OF DEATH	_	T <sub>a</sub>	TIME OF DEATH
CARRIE M. I.ARRIC					Aug	ust 11	, 1997	YEAR 7	4:15 P M
579-84-8276	1 □ M 2)(XF	AGE (In yrs. last birthday) 104 YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mont	OF BIRTH (h, Day, Year)		Country) Virg	CE (Stete or Foreign inia
Se. FACILITY NAME (If not institution, give a Randolph Hills N		e	96. CITY, TOW Wheato	N OR LOCATION OF D	EATH		Mont &	y of DEAT	
RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	~	40. 077	TY, TOWH OR LO	A.T.O.				Τ.,	
Maryland Montg	gomery		neaton					13	1. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 411 Randolph Roa 11. MARITAL STATUS	đ			10f. ZIP CODE 20902			10g. CITIZE	USA	COUNTRY?
3 € Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 XNO	II yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 XNO Speci	en, Puarto		or No— 1	4. RACE — Black, W Specify:	American Indian, hite, atc. White
15. DECEDENT'S EDI (Specity only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	JCATION e completed) College (1-4 or 5+)		work done during use retired.)	ATION most of working	164	b. KIND OF BUS		STRY	
12		Home	emaker			Own Ho			
Cammilus Baker				Varina			,		
198. INFOHMANTS NAME (Type/FTITE)				et end Number or Rural					
Darrene Guilli / G.	randdaughte	r 12537	Summer	wood Driv	e, S	ilver S	Spring	, Ma:	cyland 209
20s. METHOD OF DISPOSITION  14 Burlal 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE AND DATE Cemetery, cremetory or Mouth Hei	of DISPOSITION other place) oron Cen		1	797 Wi	State Virginia		
21. SIGNATURE OF FUNERAL SERVICE L	ten the	cu—	Hine	and address of Factorial and Address of Factor	ACILITY L Fun	eral H	ome,	Inc.	
22 PART t. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel	complications that ca List only one ceuse	used the deeth. Do on each line.			-				Approximata Interval Between Onset and Death
disease or condition resulting in death)	S. PNEUMONI	A CONSEQUENCE O	OF):						24 HRS.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	AS A CONSEQUENCE O							
resulting in death) LAST	d.								
PART II. Other significent conditio	na contributing to de	eth but not reculting	In the underly	ying cause given in	n Part I.	24a. WAS AN PERFOR	RMED?	AM CC DF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?
	PIRLITE TO CALIS	E OF DEATH V	ES I NO	Ŭ UNCERTA	INI 🗆			1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE	ATH (Check only o	one)				[	
1 TYES 2 NO	1 Inpatient 2 EF		4/1. Nursing i	Iome 5 - Reeldence	7				
1 🔀 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day, 1	(bar) (IN	M 1 [	INJURY AT WORK?  YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCU	JRED	
3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF IN building, etc.	IJURY — At home, ferm, . (Specify)	, street, fectory, o	office	281. LO C/t)	CATION (Street y or Town, State)	end Number o	r Rural Rout	Number,
290. CERTIFIER (Check only one)  2 MEDICAL EXAMIN		d menner ee atated.							
296. RIGHATURE AND TITLE ON CHRISTIEN		11		29c. LICENSE NU D34032			29d. DATE	SIGNED (M	12, 1997
MANE AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)	1 554052			110	0000	,,

2., 3720 Farragut Avenue, Kensington, Maryland 20895



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 25760

hysicia	_										Reg. No.			
/Medica			ome (First, Middla, old Herbe		lon Sr.					2. Deta of Do Month UGUST	Day	Year 1997	3. Time of Deeth 5:37 pm	
Examine		4e. Facility Neme	(If not institution,	giva street and nu	m <i>ber)</i>			4b. City, To	own, or Loc	ation of Deel				
		MEMORIAL	HOSPITA	L & MEDI	CAL CEN	ITER		CUMBE			ALLE			
ineral rector		5. Sociel Security 220–10–4	Numbar 6	5. Sex 1  M 2  F	7. Age (In yrs. 76	last birthday) Yrs.	If Undar 1 Ye Months De		r 24 Hrs. Min.	8. Date of Bi	17, ear) 1920	9. Birthp	place (Stata or Fora	
>		Usuel Residence 10a. State	of Decedent 10b. County		100 0	ty, Town or Lo	nation							
28a-f show	ctor	MD	Allega	ny	100.0	Cumbe						"	0d. Insida City Lim 1 Yes 2□	
23a or 28	Funeral Director	10e. Sfreet and N 716 Sh	<sup>lumber</sup> river Av	enue			10f. Zip Cod 215				10g. Citizen of US		ntry?	
Net mu	uner	11. Mantal Status	arried 2∐ Marrie	Armond Fo		J,S. 13. \	Was Decedent f Yas, specify C	of Hispenic O Juban, Mexica	rigin? (Spec in, Puerto P	cify Yes or Notican, atc.)	0- 14. Rad Ble	ca - Americ ck, White,		
natural, or	by		I 4 □ Divorcad	d 1 TYes If Yes, Gir Yeer or D	TATES	[I	1□ Yes 2☐1	No Specify	<i>r</i> :		Spacify: white			
nati	ete	(Sp	15. Decedent's ecify only highast	Education grada complated)		(Giva	lent's Usual Oc kind of work do	na dunna mo	st of workin	vorking 16b. Kind of Business/Industry				
the Me	Completed	Elementer 1/32	condary (0-12)	College (	1-4or 5+)		rician	tired)			Local	307		
If item 27 is merked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examiner must be notified at	To Be		e (First, Middla, Le ert Logso							(First, Middle lansel	Aiddla, Maidan Sumama) e <b>L)</b>			
27 is me ir trauma		Mary Log	Neme/Reletionshi sdon-wife	p (Type, Print)		19b. Meilir 716	ag Address (Str & 708 S	eet and Numb hriver	ber or Rural Aven	Route Numb	per, City or Town, berland	Steta, Zip MD 2	21502	
Important: if item 27 is marked other than any injury or other traumatic event, that the once.  To Be Complete.		Steven Logsdon son  20a. Method of Disposition  1 Burial 2 Cremetion 3 Removel from State  20b. Plece of Disposition (Nema of camatary, crametory or other place)								Date	20c. Location -	City or To	own, Stete	
		1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)							(	08/08 Cumberland MD			MD	
		21. Signature of	Funerel Service Li	d lon	100 a	) - 22	NSCarpe Cumber	Print Fred	meral D 215	eral Home 21502				
		23e. Pert1. Enter shock, or he	r the diseesa, or o	omplications that conly one cause on a	aused the dea	th. Do not ent	er the mode of	dylng, such as	s cardiac or	respiretory e	errest,		Approximete Intervel Between	
sician edical		Immediate Cour	o /Final										Onsaf and Daath	
miner		Immediete Causi disaasa or condit resulting in deeth	tion	e. Coron	nary ar	tery d	isease						5 years	
	Je				Due to (	or es e conseq	uence of):							
ransit	amlr	Sequentially list of	conditions,	b	Due to (	or es e conseq	uence of):							
physician end the buriel-transit dical Examine		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initialed events Dua to (or es e consequence of):												
		cause. Enter Un	Cause (Disease or Injury that initiated events rasulting in deeth) Lest  Dua to (or es e consequence of):											
ang physician e	Medical	cause. Enter Un- Cause (Disease of thet initiated ever rasulting in deeth	or Injury nts n) Lest	<b>a</b>			uence or):							
ne ettending physician e hed for use es the buriel-	sician/Medical	rasolling in deeti	or Injury nts n) Lest	d.	eath but not res	sulting in the u		given In Pert	I.	23b. Did	tobacco use co	ntribute to	o the cause of deaf	
ned by the ettending physician e e detached for use es the buriel-	y Physician/Medical Examiner	Pert II. Other sign	i) Lest				nderlying cause	given In Pert	1.		tobacco uae co Yes 2□ No	ntribute to		
2 should be d	þ	Pert II. Other elgr	niffcent condition	ctive_pul			nderlying cause	given in Pert	I.	1,5 24e. Wes		3 Pro	bebly 4 ☐ Unkno	
2 should be d	þ	Pert II. Other elgr	niffcent condition	ctive_pul			nderlying cause	given In Pert	I.	24e. Wes	Yes 2□ No	3 Prol	bably 4 Unknown under eactopsy finding allable prior to impletion of cause	
2 should be d	Completed by	Pert II. Other sign Chroni Diabet	niffcent conditions c obstructes melli	ctive_pul			nderlying cause			24e. Wes	s en autopsy ormed?	3 Prol	ere eutopsy finding allable prior to mpletion of cause death?	
is certificate hes been signe director, pege 2 should be d	To Be Completed by	Pert II. Other sign Chroni Diabet  25. Wes case reference? 1 Yes 26	es melli	tus	Lmonary		nderlying cause	26. Plec Other: 4 □ N	ee of Death	24e. Wes peri	s en autopsy ormed?	3 Prof	ere eutopsy finding aliable prior to mpletion of cause death?  Yes 2 No	
is certificate hes been signe director, pege 2 should be d	To Be Completed by	Pert II. Other sign Chroni Diabet  25. Wes case ref exeminer? 1 Yes 2  27. Menner of De 1 Naturel 2 Accident	es melli erred to medical No eth 5 Pending investige	Hospitel: 1 28e. Dete (Mon	Lmonary	diseas	nderlying cause	26. Plec	te of Death	24e. Wes perf	Yes 2□ No s en autopsy ormed?  Yes 2□No ona)	3 Prof	ere eutopsy finding aliable prior fo mpletion of cause death?	
is certificate hes been signe director, pege 2 should be d	To Be Completed by	Pert II. Other sign Chroni Diabet  25. Wes case ref exeminer? 1 Yes 2i 27. Menner of De	es melli erred to medical No eth 5 Pending investige 6 Could and	Hospitel: 1 28e. Detection	Lmonary  inpatient 2  of Injury th, Dey Year)	diseas	nderlying cause	26. Plec Other: 4 □ N njury et Nork? □ Yes 2 □	te of Death lursing Hom 20	24e. Wesperf	Yes 2 No  Yes 2 No  Yes 2 No  Ona)	3 Proi	ere eutopsy finding: allable prior to mpletion of cause death?  Yes 2 \( \) No	
is certificate hes been signe director, pege 2 should be d	Certification: To Be Completed by	Pert II. Other eigr Chroni Diabet  25. Wes case referentier? 1 Yes 2 is 27. Menner of De 15 Naturel 2 Accident 3 Sulcide	es melli erred to medical No eth 5 Pending investige 6 Could no determin	Hospitel: 1 28e. Dete (Month of be ed 28e. Plece buildi	Imonary  Inpatient 2  of Injury  of Injury - At h ng, etc. (Spaci	diseas	anderlying cause	26. Plec Other: 4 Norder Norder Vork? Yes 2 Ca	e of Death tursing Hom 2: ] No	24e. West perf	Yes 2 No s en autopsy ormed?  Yes 2 No ona) Idence 6 Oth how Injury occur (Street and Numbur, Stata)	3 Prof	ere eutopsy findingsallable prior to mpletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	
<ul> <li>Funeral Director: After this certificate has been signe pletely filled in by the funeral director, page 2 should be of</li> </ul>	To Be Completed by	Pert II. Other eigr Chroni Diabet  25. Wes case ref exeminer?  1 Yes 2 i 27. Menger of De 1 Naturel 2 Accident 3 Sulcide 4 Homlcide  29a. Certifier (Check only	es melli erred to medical No eth 5 Pending investige 6 Could no determin	Hospitel: 1 28e. Dete (Month of be ed 28e. Plece buildi	Imonary  Inpatient 2 Cof Injury  India of Injury - At hing, etc. (Spaci	diseas	anderlying cause  SE  It 3 DOA  28c. It  M  acet, factory, offi	26. Plec Other: 4 Norder Norder Vork? Yes 2 Ca	e of Death tursing Hom 2: ] No	24e. West perf	Yes 2 No s en autopsy ormed?  Yes 2 No ona) Idence 6 Oth how Injury occur (Street and Numbur, Stata)	24b. Www.co.of.of.of.of.of.of.of.of.of.of.of.of.of	ere eutopsy findings allable prior to mpletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	
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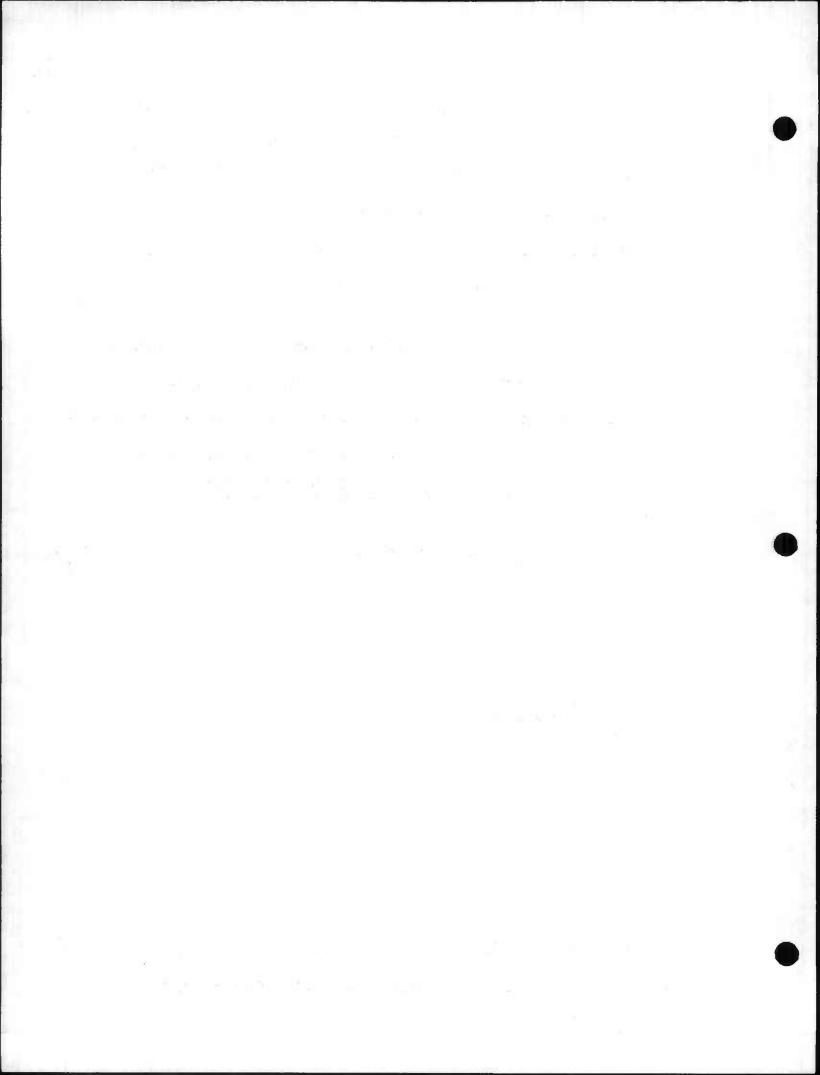
State of Maryland / Department of Health and Mental Hygiene

97 25761

						Cer	tificate of	Death		Reg. No.		20101
	Direct.		1. Decedent's Neme (First, Middla, L	ast)					2. Date of De		Van	3. Tima of Death
	Physic /Medi		EVELYN ALV	IS S.	LIGHT				A U G U S	Dey T 10.1	<b>Year</b> 9 9 7	9:11 AM
	Exami		4a. Feclity Neme (If not institution, g	ive street and num	ber)			4b. City, Town,	, or Location of Deatl			7.11
			812 SHRIVER	AVE				CUMBE	RLAND	ALLE	GANY	
	Funerai		Sociei Security Number     6.	Sax 37	. Age (In yrs. las	t birthday)	If Under 1 Yaar	If Under 24	Hrs. 8. Dete of Bir	th	9. Birthple	aca (State or Foreign
	Director		214-05-5901	1□ M 20 F	84	Yrs.	Months Deys	Hours A	Min. (Month, Da AUGUST	23,19		ARYLAND
			Usuel Rasidance of Decedant									
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	Ma F	tor	MD ALLE	GANY	CU	MBER	LAND					1 X Yas 2 □ No
	28 5	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Countr	rv?
	3a o		812 SHRIVER	AVE			2150	2		US	۸	
	in 2	era	11. Marital Stetus		lant Evar In U.S.	13. W			? (Specify Yas or No		ce - Amarice	n Indian.
	72 hours after death with the Maryland *natural", or items 23a or 28s-f show fulfical Examinet must be notified at	Funeral	1 ☐ Never Marriad 2 ☐ Marriad	Armed For	cas?	If	Yas, specify Cub	an, Mexican, P	? (Specify Yas or No uerto Ricen, atc.)	Bla	ick, Whita, at	
	as and and and and and and and and and and	by	3 ☐ Widowed 4 ☑ Divorced	If Yas, Giva Yaer or Da	1	1	☐ Yes 2X No	Specify:		Specif	WHI!	TE
	thur thur	P	15. Decedent's			6a. Deced	ant's Usuai Occup	nation		16b. Kind of B	usinass/Indi	uetry
		Completed	(Specify only highest g	rade completed)		(Give k	kind of work dona OO NOT usa retire	during most of	working TNAT			
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	f Health frem 27		PAUL E. LIGHT 20a. Method of Disposition	/ SON	20h Plac		SHRIVE	LK AVE	Data	OOo Legation	City or Toy	- Cinto
	90 2 2		1 ☑ Buriai 2 ☐ Cremation 3	☐Ramovel from S	tata cem	atary, cram	atory or other pla			20c. Location		
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	permit. Pag Department Important: h any Injury o		21. Signature of Funeral Service Lio	ensed 1 - D	1 4	22. H	Nama and Addra AFER CH	ass of Fecility	OF THE H	ILLS M	ORTI	ARV
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l	Examiner	П	rasulting in daath)	aA K	Due to (or as		TIC HE	AKI DI	LSEASE		I U I	IKNOWN
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	certificate be executed ding physician and se as the burlat-transit	Examiner	Constitution of the Consti	b	Due to (or es		(Annon of ).				101	IKNOWN
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9000	a fr	Medical	resulting in death) Lest		Dua to (or es	e consequ	iance of):				1	
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	0 0	ysic	Part II. Other significant conditions	contributing to dea	th but not rasuiting	g in tha un	darlying ceusa giv	van in Part I.	23b. Dld	tobacco use co	intribute to t	the cause of death?
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	2 8 2	ple									of de	pletion of ceusa eath?
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900	effer death.  Director: A d in by the fi	Certification:	3 ☐ Sulcida 6 ☐ Could not		Injury - At home	, ferm, stre	at, factory, office		28f. Location (	Street and Num	ber or Rural	Route Number.
	2 4 4 5	ert	4 ☐ Homicida Gatannine	building	, atc. (Specify)	, ,	,,		City or To	wn, Stata)		
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9	within To the comple	Med	5	and manna	ir steted.							
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	8		1 Dul	lun	_		DO	9157		AUGUS	T 10,	, 1997
	000		30. Nama and address of person who	composated ceusa	of death (Item 23	a) (Type, P	Print)	**-				
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	Sta	ite	31. Data filed (Month, Dey, Year)	32. Re	jistrar's Signatura					V-		
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Families  The Memorial Hospital and Medical Center  Cumberland  Allegany  10. Social Security Number  2.13—76—62.32  2.14—8. State  1.00. County  MD. Allegany  1.00. Cert, Town or Location  Mt. Savage  1.00. 2.12 p. Code  2.15—55  2.10—8. State  1.00. State  1.00—8. State  1.		-			A		LAN	TZ		Month	Day			3. Time of 7:00	
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Usual Residence of Decedent   Usual County   Usual County   MD   Allegany   10c. City Town or Location   Mt. Savage   10d. Sav				6. Sex X	7. Age (In ) 32	vrs. lest birthda Yrs.	y) If Under Months			Hrs. 8. Date of Apply.	Birth Day, Year	65	Birthole	ace (State o	r Fo
198. Informant's Name/Relationship (Type, Print)   199. Mailing Address (Street and Number or Rural Roude Number, City or Town, State, Zip Code)   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 22. Nonead Address (Street and Number or Rural Roude Number of Rural Roude			Usual Residence of Decedent												
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198. Informant's Name/Relationship (Type, Print)   199. Mailing Address (Street and Number or Rural Roude Number, City or Town, State, Zip Code)   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 21545   14128 Lower Sunnyside RD Mt. Savage MD 22. Nonead Address (Street and Number or Rural Roude Number of Rural Roude	3a or 28.	Direc		unnyside	RD				5		10g. Cit		et Count	ry?	
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25. Was case referred to medical examiner?  1	page com	5								1[	Yes 2	DN6	10	Yes 2D	No
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2 Accident 3 Suicide 4 Homicide  28e. Placa of Injury - At home, farm, street, factory, office 29a. Certifier  29a. Certifier (Check only one)  29b. Signature and title of cartifier  29c. License number  29d. Date signed (Month, Dey, Year)	this ald	2	1 ☐ Yes 2 Z No 27. Manner of Death	28a. Da	te of Injury	28b. Time	of 2	JA	4 Li Nursi						
29a. Certifier (Check only one)  12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 29a. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause and manner stated.  29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year)	Director: / in by the f	amicar	2 Accident investig	not be 28e. Pla	aca of Injury - A ilding, etc. (Spe	t home, farm, s			Yes 2□No	28f. Location	(Street an Town, State	d Number (	or Rural	Route Num	ber,
29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year)	Funeral letely filled		(Check only 2 Medical	Examiner: On the	basis of exam	knowledge, dea ination and/or	ath occurred investigation	at the tim	e, date and p pinion, death o	place, and due to the control of the time	ne cause(s) e, date and	and mann place, and	er as sta d due to t	ited. the cause(s	)
n 20010	To the comple		,		ATTION STATEG.		29				29d. Da	te signed (/	Month, D	ey, Year)	0
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)			110/1	erno	r'			D 2	8910		a	ug	10	1/	17

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. Amendal # 166, 8/15/97, State of Maryland / Department of Health and Mental Hygiene 25763 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** AUGUST 14. Walter Roger Long 1997 0317am /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Sacred Heart Hospital Cumberland Allegany 5. Social Security Number If Under 1 Year | If Undar 24 Hrs. Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** 1**∑**M 2□ F Months Days Hours 216-22-5061 73 Yrs. Director Dec.7,1923 Maryland Usual Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahov the Medical Examiner must be notified at Director 1 Yes 2 No Mineral Keyser 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or items 23a or 12 N. Main Street Apt. 502 26726 U.S.A. Funeral death 11. Marital Status 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, Whita, atc. filed within 72 hours after 1 ☐ Yas 2 ☒ No If Yes, Give Year or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White þ 3 Widowed 4 Divorced natural', Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pemit. Pages 1 and 2 should be filed within Depertment of Health and Mental Hygiene. Important: if Itam 27 is marked other then any Injury or other traumatic event, the Medica. Grocery Elementary/Secondary (0-12) College (1-4or 5+) 12th. Clerk Grocert Store 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Jessie Long Bertha H. McCrobie 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 26726 Bonnie L. Cathell (Niece) 1052 Trenum Drive, Keyser, WV 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Deer Park Cemetery 8/16/97 Deer Park, Maryland 21. Signature of Funeral Servica Licensaa 22. Name and Address of Facility Markwood McKenzie Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 26726 Approximate Interval Between Onset and Daath **Physician** FAILURE / INDIFIERDY /Medicai Immediate Ceuse (Final disaasa or condition resulting in daath) Examiner Examiner The law requires that the death certificate be executed the burief-tran Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequenca of) USe as P.O. I signed by the e en)i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yss 2 No Records, Be Completed by page 2 should 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of causa of death? is certificate h 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attanding Physician: within 24 hours after deeth.

To the Funeral Diractor: After this certifica completely filled in by the funeral director, t 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 28 No Impatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Day, Year) AUGUST 1997 XIBCIT Jame and address of person who completed cause of death (Item 23e) (Type, Print) Drive Cumberland MD 21502 902 Seton Welk

32. Registrar's Signeture

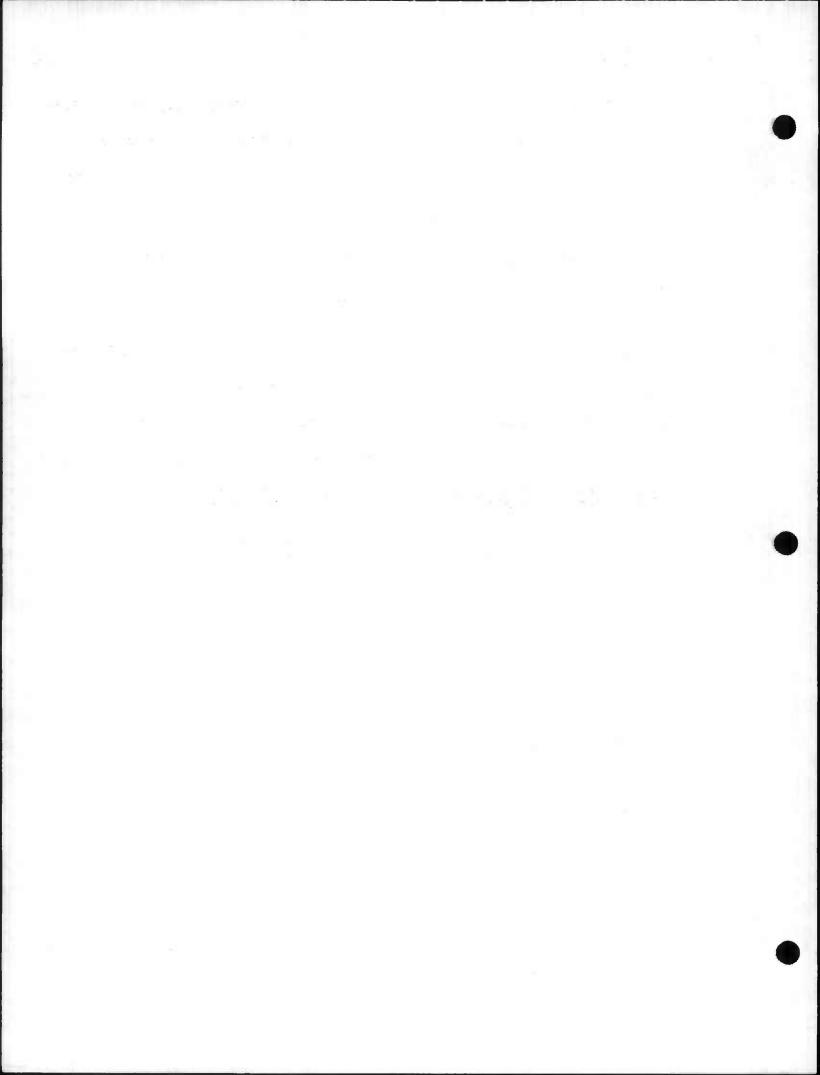
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State Registrar 31 Date filed (Month, Day, Year)

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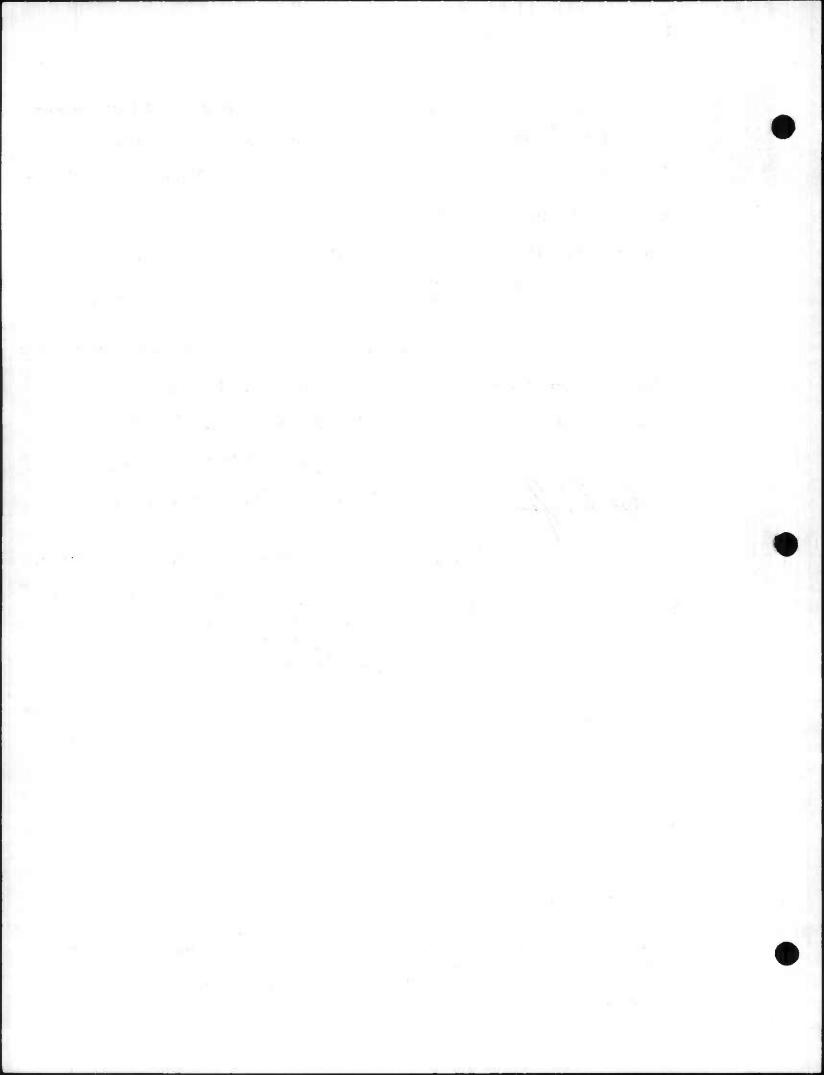
**DHMH 16 Rsv 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97 2576

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** AUGUST LEWIS **GEORGE** LEONARD 10 1997 0145am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** HOSPITAL SACRED HEART CUMBERLAND ALLEGANY 6. Sex 1 M 2 F 5. Social Sacurity Number If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Aug. 2,1916 9. Birthpiaca (Stata or Foreign Country) West Virginia 7. Aga (In yrs. last birthday) **Funeral** Monfhs Days Hours 220-10-7069 Yrs. 81 Director Usual Rasidanca of Dacedant tha Maryland 10a. Stata 10b. County 10c. City, Town or Location Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Magical Examination must be multipled at 10d. Inside City Limits Hampshire Romney WV Director 1 ☐ Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Counfry? HC 65. Box 1210 26757 U.S.A. Funeral death 12. Was Decedanf Evar in U.S. Armed Forcas?

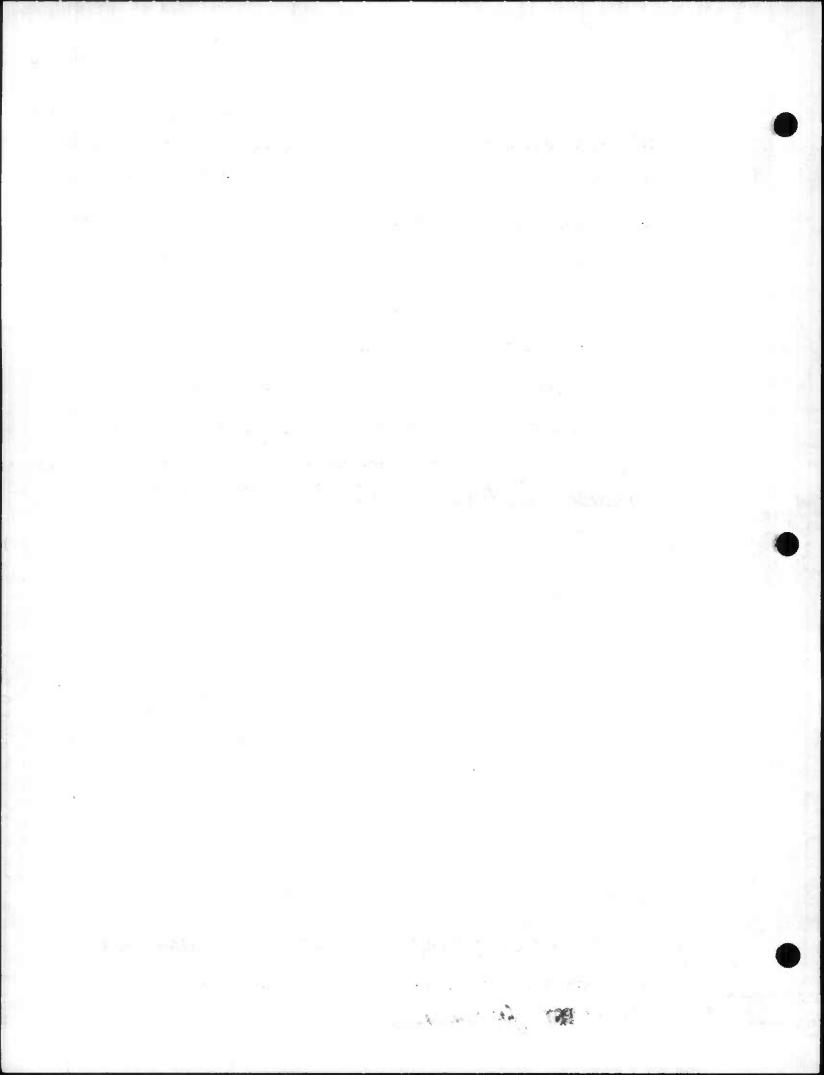
1 Yas 2 No
If Yas, Giva
Yaar or Dafas: 194 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, afc.) 11. Marital Status 14. Race - Amarican Indian, permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or her any Injury or other traumatic event Black, Whita, atc. 1943 1 Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 21 No þ 1546 Specify: 3 M Widowad 4 □ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) WV Public Hunting Area N/A Manager 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Firman Taylor Lewis Odie Μ. Newhouse 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Rt. 2, Box 98, Hedgesville, William M. Lewis WV 25427 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stafa 4 ☐ Donation 5 ☐ Other (Spacify) Oct. 11 Omps Cremation Service 1997 Winchester, VA 21. Signature of Funaçai Sarvice Licensae 22. Nama and Addrass of Facility
Shaffer Funeral Home, Inc.
230 East Main St., Romney, WV 26757 23a. Part1. Ever tha disaasa, or sy shock, haart failura. List cations that caused tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, ona causa on aach lina. Approximata Interval Batw **Physician** /Medical immediata Causa (Final disaasa or condition rasulting in daath) **Examiner** Examiner the bunal-transit be executed and Sequantially list conditions, if any, laading to Immadiata causa. Enfar Undarlying Cause (Disaasa or Injury that Initiated avants rasulting In daath) Lasf P.O. Box 68760. physician Physician/Medical jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? ate has been signed by page 2 should be datac 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? cartificate has 240 No 1 Tyas 2 No To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this cartified Be 25. Was casa rafarred to madical 26. Placa of Daath (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Suicida 6 ☐ Could not ba datarmined 28a. Placa of Injury - Af homa, farm, straaf, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida edical 16 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier 29b. Signafura and fifia of cartifia 29d. Data signed (Month, Day, Year) 8 30. Name and addrass of person who 143 Drive Cumberland MD 21502 State



State of Maryland / Department of Health and Mental Hygiene 97 25765

						Ce	ertificate	of I	Death			Rag. No.		
Division	,_	1. Decedent's Name (First, Mid	ldie, Last	)							2. Date of De	eath		3. Time of Death
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/Medi Exami		4e. Facility Name (If not institut		_	ım <i>ber)</i>			4	b. City, To	wn, or L	AUGUST ocation of Deat		ty of Deeth	II.IJ AE
		GREENBELT N	IRCT	NC HOM	ПС				CDET	****	m			
Funerai		5. Social Security Number	6. Se		7. Age (In yrs. I	ast birthday	If Under 1	Year	GREE If Under	NBL 24 Hrs.	8. Date of Bit	PKIN	CE GEO	
Director		226-26-1105		]м 2 <b>К</b> ] F	91	Yrs.		Days	Hours	Min.	(Month, De	ay, Year)		plece (State or Foreigntry)
		Usual Residence of Decedent			71						JULY 3	1, 1900	VIK	GINIA
show		10a. State 10b. Coun	ty		10c. City	, Town or L	ocation							10d. Inside City Limit
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with the Maryland a or 28a-f show	Director	10e. Street and Number	CE G	EUNGE 3	GI	GENDE	10f. Zip Ci	ode				10g. Citizen o	f What Cou	ntn/2
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ू के क	by F	1 ☐ Never Married 2 ☐ Ma 3 🛱 Widowed 4 ☐ Divorce		If Yes, Gi	2 <b>X</b> No		1□ Yes 2	No	Specify:			Spec	ify:	
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na 72	Completed	15. Decede (Specify only high	ent's Edu est grad	ication e com <i>pleted)</i>		(Give	dent's Usuai C kind of work of	done o	lurina mos	t of work	ring	16b. Kind of	Business/In	dustry
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tal H	Be	17. Father's Name (First, Middle	a, Last)						18. Mothe	er's Nam	e (First, Middle	, Malden Sume	ame)	
Mental Merical Arked o	To	JOHN W. BA	ILEY	7					ALI	CE O	. ARRIN	IGTON		
de send		19e. Informant's Name/Relation	ship (Ty	rpe, Print)		19b. Mail	ing Address (S	Street	and Numbe	er or Rur	el Route Numb	er, City or Tow	n, State, Zip	Code)
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of Health of Health litem 27		20a. Method of Disposition			0.0	ace of Dispi	osition (Name matory or othe	of		-11.1	Date	20c. Location	- City or Te	own, State
y trans		1 Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other			Stete					1		DDINME	TOOD.	351 Deep 1
permit. Pa Departmer Important: any injury		21. Signature Funeral Service			FUR		COLN CI				/14/97	DKENTW	, door	MARYLAND
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P F	Certification:	1 Neturel 5 ☐ Pend		28a. Date (Mon	th. Day Year)	28b. Time o Injury		. Injury Work			28d. Describe	now injury occu	irred	
Attending or death.	cat	2 Accident Inves 3 Suicide 6 Could	tigation				М		'es 2 □ I	-				
or Attendate deat Director:	E	4 ☐ Homicide deter	mined	28e. Place buildi	of Injury - At hor ng, etc. (Specify)	ne, farm, sti	reet, factory, of	ffica			28f. Location (: City or Tox		nber or Rure	Il Route Number,
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osp une une sly fil	cai	29a. Certifier 1X Certify	ng Phys	Ician: To the	best of my know	ledge, deati	h occurred at t	the tim	e, date and	d place,	and due to the	cause(s) and n	nanner as s	tated.
To the Hospital or Attendii within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edicai	one)	Acrimi	end men	asis of examinationer stated.	or and/or m	rosugation, in	ту ор		iii occurr	ed at the time,	uate and place	, and due to	Title Cause(s)
With To t	Σ	29b. Signeture end title of certifi	er		+		29c. Li	icense	number			29d. Date sign	ed (Month,	Day, Year)
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101	-	30. Name and address of person	who acc	moleted sau	e of death /learn	23a) /Time	Print\		_					
()/										00-				
		DAVID GRANITI 31. Date filed (Month, Day, Year			TERWAY,		BELT M	ARY	LAND	207	/0-1836			
Sta			-	1	egistrar's Signatu	0 -								
Registr	al _	AUG 14.1	35/	720	Studior	Kardali	? •							

DHMH 16 Rev 6/95



100		Decedent's Name (First, Middle, Last)	g. No.	3. Time of Leath						
Physicia /Medic		VII.KUE ANN I.EWIS			August	Dey 199	7 1:45 PM			
	eaica mine	A = 00 A1		4b. City, Town, or Location of Death  4c. County of Death						
		DOCTORS COMMUNITY HOSPITAL		LANHAM						
Fune	ral	5. Sociel Security Number 6. Sax 7. Age (In yrs. I	lest birthday) If Undar 1 Yaar	If Undar 24 Hrs.	8. Deta of Birth (Month, Day,		tirthplece (Steta or Foreign Country)			
Direct	_	578-92-1566 1 M 2 F 32 Usual Residence of Decedent	Yrs. Months Deys	Hours Min.	Aug. 22	, 1964 Sn	ow Hill, N.C			
death with the Maryland ms 23a or 28a-f show creat be notified at			y, Town or Location				10d. insida City Limits			
		Maryland Prince George's	Hyattsville				1X Yes 2 □ No			
		10e. Street and Number	10	g. Citizen of Whet (	Country?					
h wit			2078	2-2551		United St	ates			
ours efter death with el', or items 23a or		11. Maritel Status  12. Was Decedent Ever in U, Armed Forces?  1 \( \text{Never Merried} \) 2 \( \text{Married} \) Married	S. 13. Was Decedent of H If Yes, specify Cuba	lispenic Origin? (Spe an, Maxican, Puerto	ecify Yes or No- Ricen, etc.)	14. Rece - An Bleck, Wh	nericen Indian, nite, etc.			
urs e			1 ☐ Yes 2X No		Specify:	n American				
filed within 72 ho Hygiene. Other then *neturent, meturent	1		etion			of Business/Industry				
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	0	17. Fether's Neme (First, Middle, Last)		18. Mother's Neme	(First, Middla, N	feiden Sumema)				
		Alvin Vines		Dorot	thy Ann	Brown				
s 1 end 2 should be f Heelth and Mental them 27 is marked other traumatic ev		19e. Informent's Name/Reletionship (Type, Print)	19b. Meiling Address (Street	end Number or Rure	l Route Number,	City or Town, Stete	, Zip Coda)			
end selfth		Dorothy Vines - Mother	P. O. Box 45		N. C.	28554				
of Her		20e. Method of Disposition 20b. Pl	lece of Disposition (Neme of emetery, cremetory or other plea	(e)	Date 2	20c. Location - City of	or Town, Steta			
Pag nent ant: 1			restlawn Cemete	ery 8	/10/97	Fountain,	N.C.			
permit. Pages 1 end 2 Department of Heelih a Important: If Item 27 is	9	21. Signature of Funerel Service Licensee	22. Name end Addre STEWART FI	ss of Facility	MF Inc					
1 20E	ä	John T. Stowart III	4001 Benn			ashington	, D. C.			
		23a. grt1. Enter the disease, or complications that ceused the death					Approximete Intervel Between			
Physicia	_						Onset end Deeth			
/Medic Examin	_	Immediete Ceuse (Finel disees a or condition resulting in deeth) e. Cardiopulmo		MINUTES						
Examili		Due to (or	r as e consequence of):				000.00			
D #	Fyaminer	- Respiratory	Failure		DAYS					
and -trans	1 6	Sequentielly list conditions,  Due to (or	r es e consequence of):				5 -1 -0			
Se ex		Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause, Cliseese or injury		DAXS						
g physician end	Pelical	resulting in deeth) Lest				1,000				
A ding I se es	Me	Immunodefic			YEARS					
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law requiras t es been signe 2 should be	2				24e. Wes er		. Were eutopsy findings available prior to			
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he la te he	Completed				1□ Ye	s 200 No	1 ☐ Yes 2 ☐ No			
clan: T entificat ector, p	0	25. Wes case referred to medical		26 Place of Death			10163 20160			
s cer direc	L G	exeminer?								
Attending Phy or death.  ector: After this by the funeral d			w injury occurred	ochy)						
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Atte	illic.	3 Suicide 6 Could not be determined 28a. Plece of Injury - At ho	28f. Location (Straet and Number or Rural Route Number,							
s after of	Certification:	4 Homicide building, etc. (Specify)  City or Town, Stete)								
To the Hospital or Attending Physician: The law requires that the death certification 24 hours after death.  The the Funeral Director: After this certificate has been signed by the attending prompletally filled in by the funeral director, page 2 should be detached for use as	edical	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my know 2 Medical Examiner: On the basis of exeminetic end menner stated.	use(s) end menner of te end plece, and di	es stated. ue to the ceusa(s)						
	Z	29b. Signeture end title of certifier	29c. Licens	e number	29	d. Date signed (Moi	nth, Dey, Year)			
-		Jack Dales M.	32761	August 7, 1997						
10	)	30. Name end eddress of person who completed cause of deeth (Item								
(0)	1									
	State	Jaleh Dace, MD, 9470 Annapolis 31. Dete filed (Month, Dey, Year) 32. Registrer's Signet	KOAA, #418, LO	criticum, MU	20/06					
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DHMH 16 Rav 6/95

AUG 11 1997

State of Maryland / Department of Health and Mental Hygiene 97 25767

					Ce	rtificate	of .	Death		Reg. No.		20101
Physician		Decedent's Nama (First, Mide							2. Dete of (	Death Day	Yeer	3. Tima of Death
/Medi	cal		ION W. I		E				AUG.	5,1997		5:00 AM
Examí	er	4e. Fecility Neme (If not Institution NATIONAL					4b. City, Town, o					
, Funerai		5. Social Security Number	6. Sax	7. Aga (In yrs. I	est birthday)		Yaar	If Under 24		MON Birth	9. Birth	ERY CO. plece (State or Foraign ntry)
Director		579-07-4917 Usuel Residence of Decedent	1□ M 2ŪXF	80	Yrs.	Months [	Deys	Hours N	JUNE	3irth Dey, Yeer) 27, 191	7 WAS	SH., DC
with the Maryland a or 28a-f ehow	tor	10a. State 10b. Count	FAX CO.	10c. City	REST					10d. Inside City Limits 1 ☐Xyes 2 ☐ No		
or 28	Olrec	10e. Street and Number		10f. Zip Code			ode			10g. Citizen of Whet Country?		
death w	ral	12347- CO		22091					USA			
or its	by Funeral Director	11. Marital Status  1 □ Never Married 2 ☒ Ma  3 □ Widowed 4 □ Divorce	rried Armed F	12. Was Decedent Ever In U,S Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Datas:		S. 13. Was Decedent of Hispenic Origin? If Yas, specify Cuban, Mexican, Pt  1 Yes No Specify:		? (Specify Yes or I uarto Rican, etc.)		14. Rece - American Indian, Bleck, Whita, atc.  Specify: WHITE		
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		12 17. Fethar's Name (First, Middle	Last)		SEC	RETAR	Y	18 Mother's	Name (First, Midd	-		LABLE
ges 1 and 2 should be filed it of Haalth and Mental Hygie If Item 27 is marked other or other traumetic event, if	o Be	WILLIAM H		AN					DA MAY			
2 shoul and Mis mark	To	19e. Informent's Neme/Reletion			19b. Maillr	ng Address (S	treet		r Rurel Route Nun			o Code)
1 and 2. Haaith ar		REV.DR.RICHA		ARD					, ROCK			
of Ham		20a. Method of Disposition			ece of Dispo	sition (Neme netory or othe	of		Dete	20c. Location		
Pa in the		1 ABurial 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (	3 □ Removal from Spacify)			ILL C			8/11/	97- SU	ITLAN	ID, MD.
permit. Pag Department Important: i any injury o		21. Signature of Funeral Service	Licensee			. Name end A		,				
205 5 8		W. M. A	nog ha			HYSON	G (	CO., IN	IC.			
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uires that tha death cer signed by the attendin id be detached for use	by Physician	Diabe	les M	ellitu	5	typs	2	II		Yee 2□ No		bably 4 \times Unknown
aw requisite should sho	Completed	Hype	er Lensi	on		( '				es an eutopsy formed?	av	ere eutopsy findings eilable prior to empletion of cause death?
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To the Hospital or Attendit within 24 hours after death. To the Funeral Director: All complately filled in by the fu	edicai	29e. Certifier (Check only one)  1. **Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner as stated. 2. **Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred et the time, data and piece, and due to the ceuse(s) end menner stated.										
To with	2	29b. Significant and title of confiller (Month, Day, Year)  29c. Licansa number 29d. Data signed (Month, Day, Year)  August 5, 1997										
3)		30. Name and address of person	who completed court	se of deethy(Item 2	23e) (Type, I	Print)	er	mant	oun, M	0-2	anel	Taller, up
Star Registra		31. Dete filed (Month, De), Year)		Registrer's Signetu					,			
ricgistri		AUG 11	001 32	A PRINCIPAL	o state							

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25768 Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Luckey

4b. City, Town, or Location of Death **Physician** 1)0R15 Augusi 10,1997 /Medical 4a. Facility Name (If not Institution, give straat and number) 4c. County of Death **Examiner** WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Undar 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral**  Birthplaca (State or Foraign Country) Days 1 ☐ M 2 🛱 F Months Yrs Director 572-42-9701 87 Feb. 17, 1910 Gaston, N.C. Usual Residence of Dacedent the Marylend show 10a Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Director 1 2 Yas 2 □ No Maryland Prince George's Hvattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4907 Eastern Avenue, #214 20782 United States Funeral 12. Was Decedent Evar in U,S. Armed Forces? 14. Race - American Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Depertment of Health and Mental Hygiene. Important: If Itam 27 Is marked other than "naturel", or ite any Injury or other traumatic event. Its Mental Institute. 1 Never Married 2 Married 1 ☐ Yes 2 🔀 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3 ₩ Widowed 4 Divorced Yeer or Detas: Black Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Etementery/Secondary (0-12) College (1-4or 5+) Practical Nurse Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be John Luckey 2 Hester Cathy 19a. Informant's Neme/Raletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Numbar, City or Town, Stete, Zip Code) Mary E. Luckey - Niece 2501 VanBuren Street, Hyattsville, Maryland 20782 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete □ Burial 2 ☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Forest Hill Memorial Cemetery 8/18/97 Clinton, Maryland 22. Nama and Address of Fecility
STEWART FUNERAL HOME, Inc. 21. Signature of Funerel Servica Licansee 4001 Benning Road, N. E., Washington, D. C. stions thet causad the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, ceuse on each line. Approximata Intervai Between Onsat end Daath **Physician** Immedieta Ceuse (Finel disaase or condition rasulting in death) ZAILVERE /Medical **Examiner** Examiner tha bunal-transit Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Diseesa or Injury end Dua to (or es e consequence of) P.O. Box 68760. attending physician certificate be Physician/Medical that initieted avants resulting in deeth) Lest Due to (or es e consequença of) use as jo Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 2 2 No 3 Probably 4 Unknown Records, þ 8 24b. Ware autopsy findings eveltable prior to Completed 24e. Wes en autopsy performed? completion of causa of deeth? The law page 2 certificate hes 1 Yes 2 No Division of Vital or Attanding Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) No No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes this 27. Menner of Death 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After t Neturei Accident To the Hospital or Ausamin 24 hours after death.

To the Funeral Director: After a funeral filled in by the fur 5 Pending investigation 1 ☐ Yas 2 ☐ No 6 Could not ba datermined 3 ☐ Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 I Homicida Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceusa(s) and manner as stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end mennar stated. Medical 29e. Cartifler (Check only one) 29b. Sign 29d. Data signad (Month, Dey, Year) 30. Nama and eddress of person who complated ceuse of

State Registrar

31. Dete filed (Month, Dev. Year) AUG 1 5 1997

32. Registrar's Signeture

State of Maryland / Department of Health and Mental Hygiene Q 7

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** 1997 August 10 9:58 PM Evelyn Miller /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner | Easton | Tal Genesis ElderCare -The Pines Talbot Age (In yrs. lest birthday) 5. Social Sacurity Number 6. Sax 9. Birthplace (State or Foreign **Funeral** 1□M XXF Months Yrs. MARYLAND Director 216-14-6700 Usual Rasidance of Dacedent filed within 72 hours after death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner naist be notified at 10d. Insida City Limits EASTON 1 Yas 2 No TALBOT Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 21601 USA 501 DUTCHMAN'S LANE Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Meritel Stetus Bieck, Whita, atc. 1 Naver Married 2 Married WHITE 1 Yes 2X No Specify: p Yas Giva 3 ☐ Widowed 4 ☐ Divorced Yaar or Dates: Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT use ratired) Eiamantary/Secondery (0-12) Collega (1-4or 5+) REAL ESTATE SALESPERSON marked other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked otherly injury or other traumatic event page. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be MAUDE EVELYN HUNICHEN HARRY J. MILLER 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code)
129 N. WASHINGTON ST., EASTON, MD 21601 19a. Informant's Name/Relationship (Type, Print) DOROTHY H. THOMPSON, P.R. 20b. Pieca of Disposition (Nama of 20e. Mathod of Disposition 20c. Location - City or Town, Stete cematary, cramatory or other plece)
CHESAPEAKE CREMATION 1 ☐ Burial 2 X Cramation 3 ☐ Ramovel from Stata CENTER, L.L.C. 4 ☐ Donation 5 ☐ Othar (Specify) 8 - 13CHESTER, MD 21. Signatura of Funarai Sarvice Licensee FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME "Meushau 200 S. HARRISON ST., EASTON, MD 21601 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** Immediata Causa (Finel disease or condition rasulting in death) /Medical Examiner Examiner CORONARY ARTER The law requires that the death certificate be executed Sequentially list conditions, if eny, laading to immediata causa. Enter Underlying Cause (Disaase or Injury that initiated evants rasulting in death) Last P.O. Box 68760, signed by the attending physician dbe detached for use es the burial Physician/Medical Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Records, þ 24b. Wara autopsy findings eveilable prior to complation of causa of daath? Completed 24a. Was an eutopsy peed Director: After this certificate hes d in by the funeral director, page 2 1 ☐ Yas 2 DNo 1 TYes 2 No Division of Vital Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospitei: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 5 27. Mannar of Deeth 28c. Injury at Work? 28b. Tima of Certification: 28d. Dascribe how injury occurred Hospital or Attending 1 Natural 5 Panding death. invastigetion 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 ☐ Could not be datamined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify) illed in by after 4 Homicide To the Hospital within 24 hours a To the Funerel C 1. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of symphosis and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) edical 29a. Certifier (Check only one) ner: On the basis of exta 29d. Date signed (Mgnth, Day, Year) 29b. Signature and title of cedifie 29c. License number 30. Nama and address of person who completed causa of death (Itam 23e) (Type, Print) DANIEL MAKAS EASTON, MD 00 508 IDLEWILD AUE 32. Registrer's Signatura 31. Data filed (Month, Day, Year) State : die Tavidson-Randoll AUG 1 4 1997 Registra

The officer of the particular 

P.O. Box 68760. Records,

MANNING

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 11 **Physician** AUGUST 1997 IDA EILEEN MANNING 10:51AM /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner THE MEMORIAL HOSPITAL EASTON TALBOT 5. Sociei Security Number 7. Age (In yrs. lest birthdey) If Under 24 Hrs. Birthpiaca (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys 1 □ M 2 1 F Months Hours 66 183-24-9623 Yrs. **Director** PENNSYLVANIA JUNE 30,1931 Usual Residence of Decedent death with the Maryland 10e. Stete 10b. County 10d. Inside City Limits 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at **OUEEN ANNE** CENTREVILLE MD 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3003 PRICE'S STATION ROAD 21617 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ★ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. filed within 72 hours after 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 X No Specify: Specify: WHITE þ 3€ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuei Occupetion 16h Kind of Business/Industry (Give kind of work done during most of working life. DO NOT usa retired) Pages 1 and 2 should be filed within ment of Health end Mental Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 HOUSEWIFE OWN HOME traumetic event, Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surneme) Be FRANK FORD MARGARET KING 19e. Informent's Neme/Reletionship (Type, Print) 19b. Maliing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) or other traur 3003 PRICE'S STATION RD., CENTREVILLE, MICHAEL C. MANNING 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State permit. Pege Department of Important: If any Injury or once. ARLINGTON NATIONAL 8-18 ARLINGTON, VA 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signeture of Funeral Service Licenses 22. Name end Address of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 200 S. HARRISON ST., EASTON, MD 21601 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failura. List only one cause on each line. Approximete Intarvei Batween Onset end Deeth **Physiclan** /Medical Immediate Ceuse (Finel End Stage diseese or condition resulting in daath) Examiner Examiner Hospital or Attending Physician: The law requires that the death certificate be executed Zuhours after death.

24 hours after death.

24 hours after death.

25 hours after this certificate has been signed by the ettending physician and the present of the present death of the present director, page 2 should be deteched for use as the bunal-trensit Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Completed by Physician/Medical Due to (or as e consequenca of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown 2) Bronchomalacia 24b. Were autopsy findings eveileble prior to complation of cause of deeth? 24a. Was en autopsy performed? topenia 1 Yes 202 No Division of Vital Be 25. Was case referred to medical exeminer? 26. Placa of Deeth (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 8 Othar (Specify) Certification: To 1 Yes 2 No 1 Impatiant 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours 1 Certifying Phyalclan: To the best of my knowledga, daath occurred at tha tima, date end placa, end due to the ceuse(s) end manner as steted. cai 29a. Certifian within 24 hor To the Fune completely fi (Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner steted. 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 12 30. Neme end eddrass of person who completed causa of daath (Itam 23a) (Type, Print) PETER WHITESELL, M.D., 508 IDLEWILD AVENUE, EASTON, MD 21601

State

Registrar

31. Dete filed (Month, Day, Year)

AUG 14

1997

32. Registrar's Signeture

Lulia Davidson-Randale

				State o	f Maryland		artment of I tificate of		d Mer		iene 9	7	25771
	Physici		Decedent's Name (First, Middla, Robert	Last)	Milli	gan				Date of Deat Month ugust	Day	Yeer 997	3. Time of Death 8:35 PM
	/Medic Examir		4a. Facility Nama (If not institution, Genesis Elder					4b. City, Town, East	or Location		4c. County		0.33 PM
	uneral irector		5. Social Sacurity Number 194-14-6537	S. Sax 1☐M 2☐F	7. Age (In yrs. les		If Under 1 Year Montha Days		in. F	Deta of Birth Month, Dey, EB • 18	Year) ,1922	9. Birthp	iace (State or Foreign NSYLVANI)
Maryland	28a-f show collified at	tor	Usual Residence of Dacedent  10a. State 10b. County  MD TA	ALBOT	10c. City,		cation MICHA	ELS				1	0d. Inside City Limits 1  Yes 2 No
death with the Ma	items 23s or 25s-f show instruct be notified at	Funeral Director	10e. Street and Number 24392 OAKWOOI	D PARK I	ROAD		10f. Zip Code 216	63		10	Og. Citizen of V		itry?
~ à	Standing my	by	11. Marital Status  1 Never Married 2 Marrie 3 Widowed 4 Divorced	d 1X1Xes			Vas Decedent of I Yes, specify Cut		(Spacify Jerto Rica	Yas or No- in, atc.)		ee - Americ ck, White, i v: W	
21215-0020 d wiltin 72 hours a	the Medical	Completed	15. Decedent's (Specify only highast Eiementery/Secondery (0-12)	Education grede complated) College (1		(Give life. L	lent's Usual Occu kind of work dona DO NOT usa retire	pation during most of ed)	working			HANI	
Maryland Stand 2 should be filed	ked other ic event,	To Be C	17. Fether'a Name (First, Middle, LI JAMES C. MILI								leiden Sumen		
2.5	om 27 is mar Cher traums		19a. Informant's Name/Reletionshi				g Address (Stree PRICE S						
Baltimore,			20a. Method of Disposition 1 ☐ Burlal 2 ② Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		Stata CHES	ADEA	sition (Neme of netory or other pla KE_CREN	MOTTAN	8-		CHESTE		
Balt permit.	any inju		21. Signature of Funarai Sarvice Li	merce	~	FE	LLOWS, 0 S. HZ	HELFEN					ERAL HOM
/M	sician edicai aminer	-	23a. Part1. Enter the disease, or c shock, or heart failura. List of Immediate Cause (Finai disease or condition resulting in deeth)	nly one ceuse on a	aused tha daath. ach line.	te	Cance			111111111111		5	Approximate Interval Batween Onaet and Death
ecords, P.O. Box 68760, lew requires that the deeth certificate be assecuted	attending physician and I for use es the burlel-transit	VMedical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	c	Due to (or as								
O. Box	the atter	Physician/M	Pert II. Other eignificant condition	contributing to de	eath but not resulting	ng in the ur	nderlying cause gi	ven in Part i.		23b. Dld to	bacco uee co	ntribute to	the cause of death?
rds, P.O	n signed by the	þ	Diabetes	Mell	htus					1 □ Ya 24a. Was ei	n autopsy		bably 4 Unknown
of Vital Records, Physician: The lew requires th	ate hes been si pege 2 should t	Completed							_	perform	ned?	cor	ailable prior to mplation of causa death?
of Vital	director,	To Be C	25. Was case reterred to medical axaminer? 1 ☐ Yas 2 ☐ No	Hospital:	npatient 2□EP	VOutpatien	t 3 DOA Ot	28. Plece of her: Nursin		heck only on			
DO Bull	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certification:	27. Menger of Death  Natural 5 Pending Investige 3 Sulcida 4 Homlolde 6 determin	tion t be 28e. Plece	of Injury h, Dey Year)  of Injury - At homeong, etc. (Specify)	Bb. Time of injury		ny at ork? ] Yes 2 □ No	28d.	Describe ho	w Injury occur	red	il Route Number,
Hospital     24 hours	• Funeral letely filled	edicai C	29e. Certifier (Check only one)  Certifying 2 Medical Experies	Phyeician: To the aminer: On the ba	isis of examination	dge, death end/or inv	occurred et the ti estigation, in my	me, dete and ple opinion, deeth o	ace, end	due to the ca t the time, de	use(s) and ma ete and place,	anner as st and dua to	ated. the cause(s)
To the within 2	To the	Me	29b. Signeture and title of certain	Deso	MD		29c. Licen	se number	5	25	9d. Date signle	d (Month, I	Day, Year)
	Sta	te	30. Name and eddress of peraon with a discount of the discount	mans 32. Re	Lane	6	9370n	AEL LE	ES,	M. P.	01-		
	Registr		AUG 1 2	1997	Gulia Day	idson-	Pandell.						

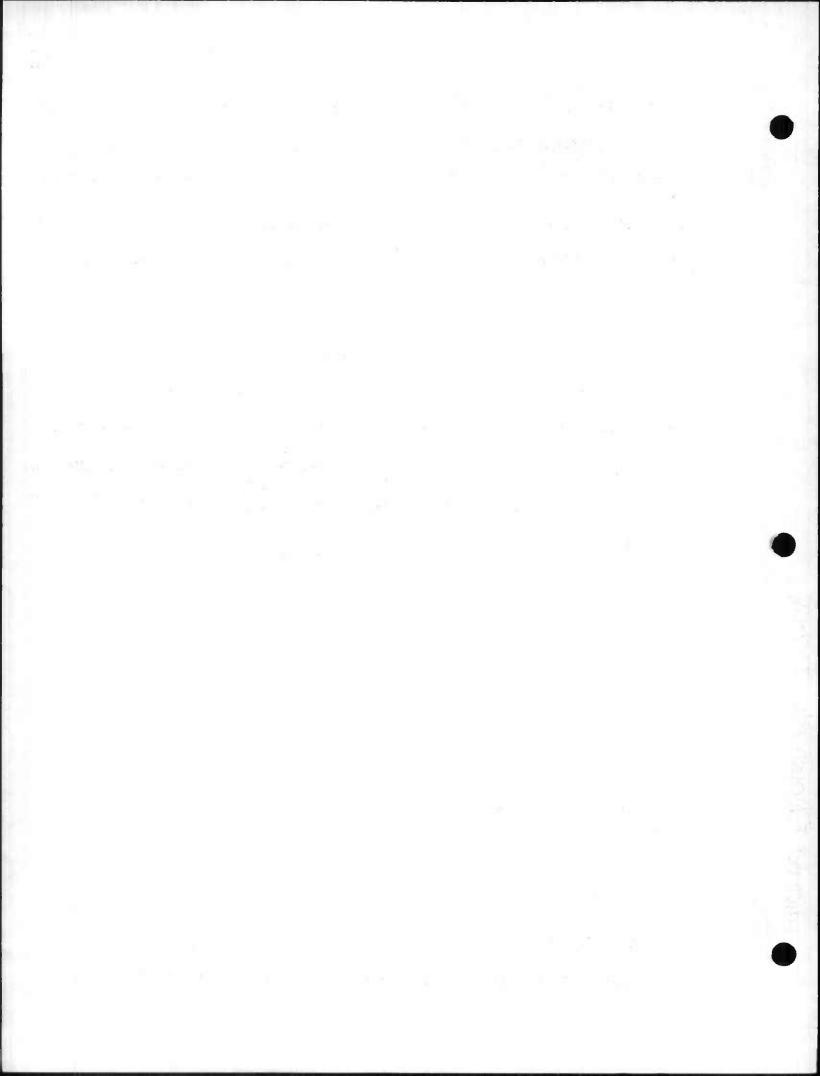
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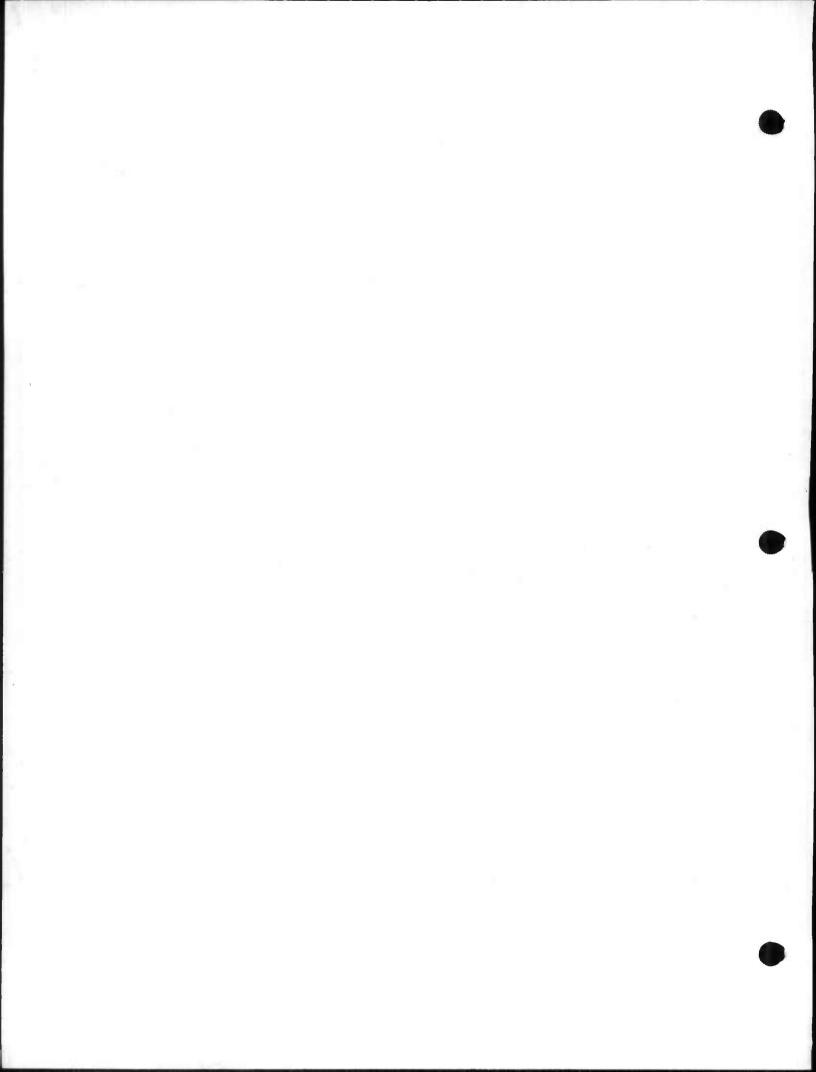
State of Maryland / Department of Health and Mental Hygiene 97

25772

					Ce	rtificate of	Death		Reg. No.	, ,	20112
Physician	n	1. Decedent's Neme (First, Middle,	Last)				Λ	2. Dete of D		Yeer	3. Time of Deeth
ysıcıar Vedica		LAWRENCE		F.		MOR	KN	AU GU		197	7:30 AM
mine		4a. Fecility Neme (If not Institution,	give street end nu	m <i>ber</i> )			4b. City, Town, or I	Location of Dea	th 4c. Count	y of Deeth	1
		SUBUR	BAN HOSP	ITAL			Bethes	sda	M	lontg	omery
ral or		Sociel Security Number     6	.Sex 1⊠M 2□F	7. Age (In yrs.		Months Deys		8. Date of B	irth ey, Year)		nplece (Stete or Foreign untry)
		578-12-4427 Usuel Residence of Decedent		93	Yrs.			January	18,1904	Con	necticut
		10a. State 10b. County		10c. Cit	y, Town or L	ocation					10d. Inside City Limits
	ō	Maryland Montgo	m o 2011			Ch	nevy Chase				1 ☐ Yes 2 ☑ No
	Director	10e. Street end Number	шету			10f. Zip Code	levy Chase	5	10g. Citizen of	Whet Cou	untry?
		8700 Jones Mill	Poad				20815		Unit	2 60	tates
1	Funeral	11. Maritel Stetus	12. Wes Dece	edent Ever in U	S. 13.	Wes Decedent of	Hispenic Origin? (S ben, Mexican, Puert	pecify Yes or N	o- 14. Ra	ce - Ameri	ican fndlan,
		1 ☐ Never Married 2 ☐ Married	Armed Fo	2 No		1 ☐ Yes 2 ☒ No		o Hican, etc.)		ock, White	o, etc.
	a D	3 ☑ Widowed 4 ☐ Divorcad	Year or D	ates:		TLI Tes ZEJINO	эреспу.		Speck	y: W	hite
	Completed	15. Decadent's (Specify only highest )			16e. Dece (Give	dent's Usuel Occu	upetion a during most of wor ed)	rking	16b. Kind of E	Jusiness/Ir	ndustry
1	E E	Elementery/Secondery (0-12)	College (1	I-4or 5+)	life.			7.0			
		12. 17. Fether's Neme (First, Middle, La	et)			Offical	18. Mother's Nan	ne /First Middle	a Maidan Suma	FH	A
å	Re	The second second					TO. WOUNDS START			- '	
200cs.	0	Michael G  19e. Informent's Name/Reletionship			10h Mail	ing Address (Street	et end Number or Ru		Reynold	_	in Code)
		Hope Yahn/ Niec									
	1	20e. Method of Disposition	E	20b. F	Plece of Disp	osition (Name of	304 Mc	Dete Dete	1assachu _20c. Location	setts - City or T	S_01057 Town, Stete
		1 ☑ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		Stete	emetery, cre	metory or other pi	ece) August	11, 199	7		
	1	21. Signeture of Juneral Service Lic		G	ate of	. Heaven 2 Name and Addr	Cemetery ess of Facility		Silver	Sprin	ng,Marylan
		1 02	1/1		_ RC Be	bert A. ethesda-C	ess of Facility Pumphrey Chevy Chas Maryland	Funeral	Home/ 7557 W	iscor	nsin Avenue
٠	+	23e. Perti. Enter the disease, or co shock, or heart lamine. List on	mpilcetions that c	MOO aused the deet	$335~\mathrm{Be}$	thesda,	Maryland inc. such es cardiec	20814-3	3501 errest.		
n		shock, or heart lamine. List on	ly one ceuse on e	ech line.		•				i	Approximete Interval Between Onset end Death
ıl		Immediate Ceuse (Finel disease or condition	Ac	PIRA	TION	PNEL	MONA			i	
er		resulting in death)	e		r es e conse		TO TOP ( )				
Inch	l le									i	
Evaminar	Eal	Sequentially list conditions,	U	Due to (o	r es e conse	quenca of):					
		Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury	c								
100	edical	thet initieted events resulting in deeth) Lest		Due to (o	r es e conse	quence of):					
13	2		d								
9	Clar										
Wei	Physician	Pert It. Other significant conditions	contributing to de	eath but not res	ulting in the u	inderlying cause g	iven in Pert I.				to the causs of desth
								1	Yes 2 No	3 ☐ Pro	obably 4 🖾 Unknow
7d P4								24a. Wa	s en eutopsy	24b. V	Vere eutopsy findings
inte	Siet							per	formed?	C	velleble prior to ompletion of cause f deeth?
Completed								1	Yes 2⊠No		
Re C.		25. Was case referred to medical					26. Piece of Dee			1	☐ Yes 2☐ No
A OF	0	exeminer?	Hospital:	npatienf 2	ER/Outpatie	nt 3 DOA	ther:		one) sidence 6 □Oti	her (Snee	ih)
		27. Manner of Deeth		of Injury th, Day Year)	28b. Time o				how injury occu		7/
100	9110	1 Naturel 5 Pending 2 Accident Investigat		m, Day Tear)	Injury		ork? ]Yes 2 □ No				
Cartification.	5	3 ☐ Suicide 6 ☐ Could not determine	Zee. Place	of Injury - At he	ome, ferm, st	reet, factory, office	)	28f. Location	(Street end Num	ber or Rui	rei Route Number,
Can	5	- I Transido	Dulidli	ng, etc. (Specif)	7/			City or 10	mi, ciale)		
adical (		29a. Certifier 1 Certifying F	Physicisn: To the	best of my kno	wledge, deet	h occurred at the t	ime, dete end placa	, end due to the	cause(s) end m	enner es	steted.
		one)	end men	ner steted.	non end/or in	ivestigation, in my	opinion, death occu	THE STATE TIME			
2	2	29b. Signefure end title of cartifier	) .			29c. Licen	ise number		29d. Dete signe	ed (Month,	, Dey, Year)
		· don'this	, ,			D3	018011		NUGUST	06	1997
		30. Name and eddress of person wh	o completed caus	e of deeth (Item	23e) (Type,	Print)	AS KLAN	D Davi	1.0110 Y	MA	20957
		17 RAJVANSHI	MI) 12			IVAL	TV TO	7 2001	~VINE		2002
-4-		31. Date filed (Month, Pak, Year)	100732. R	ealstrar's Signa	ture a	50 0 00					



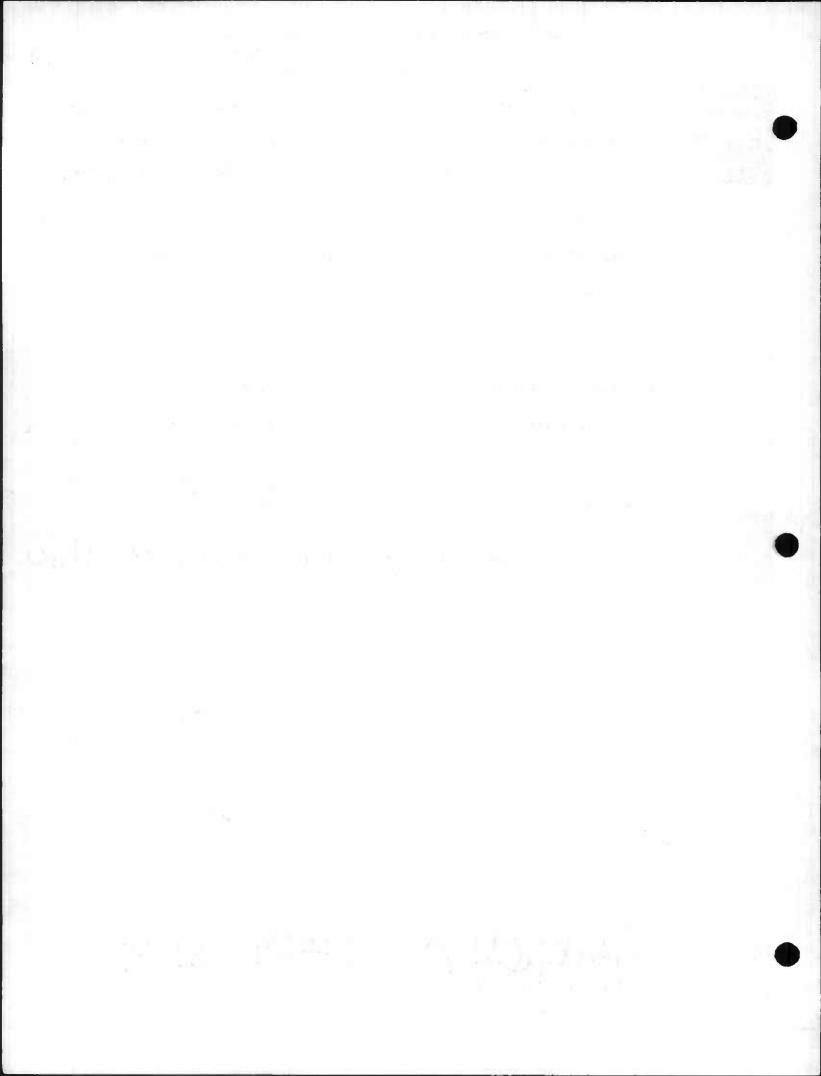
	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		. 20110
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	David Minki	n				August 8		7 6:30 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.3	BIRTHPLACE (State or Foreign
	217-46-9666	1 XM 2 F	89 YRS.	MONTHS DAYS	HOURS MIN.	Oct.18,1		country) ashington,DO
	9a. FACILITY NAME (If not institution, give st	reet and number)	,	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	Hebrew Home			Rockvi	lle		Mont	gomery
ᇤᆝ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
E	Maryland Mon	tgomery		ckvill				LIMITS?
	10e. STREET AND NUMBER	-gomery	1 100	_	f. ZIP CODE		100 CITIZEN	1 X YES 2 NO  OF WHAT COUNTRY?
ER/	6121 Montrose	Road		2	0852		U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Yes		RACE — American Indian,
	Never Married 2 Married	FORCES? 1 YES		If yea, a	ecify Cuban, Mexico	an, Puerto Rican, atc.)		Black, White, etc.  Specify:
ВУ	3 Widowed 4 Divorced							White
핃	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Give kind of	USUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUST	RY
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	Disa	so retired.) abeled		None		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							
	Abraham Minkin				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
8	19a. INFORMANT'S NAME (Type/Print)	-	195 MAILING	ADDRESS (Street	and Number or Burni	Route Number, City or Tow	- Contr. 7/2 Co-	(e) 20906
임	David Futransky	J				cle Silv		
	20a WETHOD OF DISPOSITION	20b	PLACE AND DATE				CATION — City	
	12Cl/Buriel 2 ☐ Cremation 3 ☐ Remo	0011	etery, crematory or o	non Ce	metery	8/11/97		
	21. SIGNATURE OF EUNERAL SERVICE LIC		L. HEDO	22. NAME A	NO ADDRESS OF FA	CILITY		
- 9	- lete a	House		2847	-Pearso Wilson	n Funeral Blvd. A	l Home	s on, VA 22201
	23. PART i. Enter the diseeses, or c	omplications that caused	the death. Do r					
	ahock, or heert feliure. I	List only one cause on ea	nch line.					Interval Between Onset and Death
	disease or condition resulting in death)	Preumon	m					3 days
	rooming in additity	DUE TO (OR AS A	CONSEQUENCE O					
Z	Sequentially list conditions,	Mysloth	2 Sel		syndro	me		
Ĕ	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):	*			
ERTIFICATION	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	P.				
	that initiated events resulting in death) LAST		OUNGEROLINGE OF	. ,.				i -
CE		J						
A	PART II. Other aignificent condition	e contributing to death be	ut not reaulting	In the underlyin	g ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
음	Chronic sch.	yo-phenia				1 _ YES 2		COMPLETION DF CAUSE OF DEATH?
MEDIC								1 TES 2 NO
ž	DID TOBACCO USE CONTR				UNCERTAI	N 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	TH (Check only one) OTHER:				
XS	1 TES 2 NO	1   Inpatient 2   ER/Outp		4 Nursing Hon		6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D
B	2 Accident Investigation	28- BLACE OF BUILDIN	A b 4		YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, i	street, factory, offic	•	281, LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,
COMPLETED	29a. CERTIFIER							
M M	(Check only	CIAN: To the best of my knowl						
8		R: On the basia of axamination	and/or investigatio	n, in my opinion, (	leath occured at the	time, data and place, an	d dua to the ca	use(a) end manner as stated.
18 11 11	296. SIGNATURE AND TITLE OF CERTIFIER	20			29c. LICENSE NUI	MBER	29d. DATE SIG	INED (Month, Day, Year)
0	18 - OLIVER TO THE PARTY OF THE	12			1023	758	18/9	/ 1 /
	But I. Feldmo		TH (ITEM 27) (Type,	trose Re	1. Rock	958 (V176, M	D 20	852
	31. DATE FILED (Month, Day, Year)	32 PEGISTRADIS SIGNI	TUDA -	1	1			
	AUG 1 2 1997	Julia Davido	an-Handel					



State of Maryland / Department of Health and Mental Hygiene 97

25774

							Cer	tificat	te of	Death			Reg. No.		
0.			1. Decedent's Nema (First, Middle	, Last)								2. Dete of Dee		Vaar	3. Time of the
	ysicia Medic	_	William R.	Mi	.11s							August	8,	1997	10:15 PM
	camin		4a. Facility Neme (If not institution							4b. City, To	wn, or L	ocation of Deeth	4c. Count	y of Death	
			Manor Care Nu	sing H	lome					Wheat	on		Mon	tgome	ry
0.000	neral		5. Social Security Number	6. Sex 1X M 2		e (In yrs. last i		If Unda	r 1 Yaar Deys		24 Hrs. Min.	8. Deta of Birt	h y, Year)	9. Birthp	laca (Stata or Foreign try) Virginia
Dire	ctor	1	225-52-1373	TAM IVI EL	1	56	Yrs.					Mar. 1	5, 1941	West	Virginia
and *		1	Usuel Residence of Decedent  10e. Stete 10b. County			10c. City, To	own or Lo	cation						1	0d. Inside City Limits
Mary 1 sh	P P	ō	Maryland Montgo	merv		Wheat	ton								1 ☐ Yas 2 ☑ No
the 7.28	The state of	Director	10e. Street end Number	mery		Wilca	COII	10f. Zip	Code				10g. Citizen of	Whet Cour	itry?
× €	4		2121 Shorefield	Road.	#32				209	902			USA		
5-0020 72 hours efter death with the Maryland natural, or items 23a or 28s-f show	2	Funeral	11. Maritel Stetus	12. Was	Dacedent 6	Ever in U,S.	13. V	Ves Dace			igin? (Sp	ecify Yes or No- Rican, etc.)		ce - Amaric	
or the effer	Color		1 ☐ Never Merried 2 ☑ Marr	ed 1 🔲	Yas 2 20	lo		Yes				Pricari, etc.)		ck, White,	
DOURS Nours	(Ex	d by	3 Widowed 4 Divorced		r or Detes:				22,110	оресну.			Specia	Wh	ite
15-1 127 n	the Medical Exactions must be notified at	Completed	15. Decedent (Specify only highes	's Education t grede comple	eted)	16	Giva	ent's Usu kind of wo	ei Occu ork done	pation during mos ed)	t of work	ing	16b. Kind of E	usiness/In	dustry
Maryland 21215-0020 d2 should be filed within 72 hours eff th and Mental Hygiene.	2	dmo	Elemantary/Secondery (0-12)	Coile	ege (1-4or 5	+)		lanag		9a)			Biotro	ON I	aha
e filed	7	5	17. Fether's Neme (First, Middle,	Last)				lallag	ET	18. Mothe	er's Nam	e (First, Middla,			aus
ylan ould be Mental	•	To Be	Howard Randolph		. Sr.							Dell Be		,	
larylar 2 should by and Mente 1s marked		-	19e. Informent's Neme/Relations		-	11	9b. Meilin	g Address	s (Stree			al Route Numbe		. Stete, Zip	Code)
e, Mg 1 and 2 Health a	er tra		Nedra Mills / V	life											land 20902
S 1 a le litem	other		20e. Method of Disposition			20b. Plece ceme	of Dispos	sition (Ner	me of	aca)		Date	20c. Location		
Pege nent	iry or		1 ☐ Burial 2 🖾 Cremetion 4 ☐ Donetion 5 ☐ Othar (St		from State		-				ce 8	/13/97	Charlot	tesvi	lle, VA
Baltimore, permit. Peges 1 an Depertment of Heat Important: If item 2	y Inju		21. Signeture of Funeral Service I	ionnue	1	1	22	Name er	nd Addr	ess of Facilit	y Hir	nes-Rina	Idi Fu		
M 885	- 8	1	Bules.	+	1/4		J	1800 111ve	Net r St	w Hamp	shir	ce Avenu	20904		
		U	23a Part Enter the disease, or shock, or heert failure. List	commications	thet causad	the deeth. D						or raspiratory ar			Approximate Interval Between
Physic				-	-		(			-				1	Onsat and Deeth
/Med Exam			Immediate Ceuse (Finel disaasa or condition		1	10	d	10	11	IR.		erre	MA	10	I W/a
Exam			resulting in daath)		12	Due to (or as	a conseq	uence d							1 1700
- P	sit	line		b										1	
ox 68760, certificete be executed ding physician and	I-tran	Examiner	Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying			Due to (or es	e conseq	uenca of):							
68760, filtcete be ex	burie	ie l	causa. Enter Underlying Ceuse (Disease or Injury that initiated events	C										-	
687 ficete	s the	/Medicai	rasulting in deeth) Lest			Dua to (or es	e consequ	uance of):							
OX centi	esn			d		_									
a g g	d for	Physician	Pert II. Other significant conditio	as contributing	to death hi	it not resulting	In the ur	derlying c	euse di	ven in Pert I		23h Did t	obacco usa co	ntributa to	the cause of death?
P.O. nat the d	tache	hys			, to dodin bu	it mot roodining	,	dony ang o	Audo gi			750	2 □ No		pably 4 □ Unknown
igned b	8	by F							-						
of Vital Records, Physician: The lew requires t this certificate hes been signs	ping												en autopsy med?	24b. W	ere autopsy findings allable prior to
Recc e lew re	N	Die										, ,		CO	mpletion of cause death?
The He	director, page	Completed										1 🗆 Y	as 2 No	10	Yes 2□ No
Vital I	ctor.		25. Wes case referred to medical exeminer?							26. Piece	of Deet	h (Check only o	ne)		
of Vita Physician: this certific	dire	0	1 Yes 2 No	Hospitel:	1 🗆 Inpatie	nt 2 ER/0	Outpatien	3□ DC	DA OI	her: 4 🗆 Nu	irsing Ho	ma 5 Rasid	lence 6 Oti	ner (Specif	1)
On O	co o		27. Menner of Death  1 □Naturel 5 □ Panding		Dete of Injur (Month, Dey	Year) 28b	. Time of fnjury	2	28c. Inju Wo	ry at		28d. Describe h	ow injury occu	red	
VISION Attending or death.	the fu	cati	2 Accident Investig	ation				M	1	Yes 2	No				
Division or Attending effer death. Director: After	ln by	Certification:	4 Homicide determi	ned 286.	Plece of Injubuilding, etc	ry - At home, (Specify)	ferm, stre	et, factory	y, office			28f. Location (S City or Ton		ber or Rure	I Route Number,
pital ours eral	filled		20a Cadillar 4 D Cadilla	Physiology T	- 45 - b b										
Hos 24 ho Fun	etely	edicai	29e. Certifier 1 ☐ Cartifying (Check only one) 2 ☐ Medical E	xaminer: On t	the basis of menner sta	examinetion e	ge, deetn end/or Inv	occurred estigetion	, in my	me, dete en opinion, dea	d placa, th occuri	end due to the or red et the time, o	date end placa,	and due to	eted. the cause(s)
To the Hospital of within 24 hours error to the Funeral D		-	29b. Signetura and title of cartifier	0.70	$\sim$			290	c. Licen	se number			29d. Date signe	ed (Month,	Dey, Year)
	9		( hO. 1	$c \sim 1$	1				1	227	79		11.1	77	
5		-	30. Neme end edoress of person	yal		Mrem 23e	e) (Type, I	Print)	20	011		5	SIN V	1/	
9			John Kijak, M.	252	20 Pro				Si1	ver Si	orin	g, Mary	land 2	0904	
	Stat	е	31. Dete filed (Month, Dey, Year)		32. Registre	r's Signature	70.	6.00				,			
Re	gistra	ır	AUG 12	1997	Juna	Davidson	-Alone	460							



State of Maryland / Department of Health and Mental Hygiene

25775 Certificate of Death 2. Date of Death

**Physician** /Medicai Examiner 1. Decedent's Name (First, Middle, Last)

3. Time of Death

**Funeral** Director

death with the Maryland

Pages 1 and 2 should be filed within 72 hours efter death with the Marylann nent of Health and Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, the Medical Examinat must be notified at permit. Page Department of Important: If any Injury or

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

The law requires that the deeth certificate be executed Bnd bunal-trar Box 68760, attending physician the P.O. ate hes been signed by page 2 should be detect Division of Vital Records. certificate or Attending Physician: this Affer death. after death Director: in by To the Hospital within 24 hours a To the Funeral D

Month Day Gene Willis Mills, Sr. August 14, 1997 1:25 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 22 Grandin Circle Rockville Montgomery If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1™M 2□ F Months Deys Hours Min 68 218-20-2095 Aug. 17, 1928 Maryland Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Director Maryland Montgomery Rockville 1 No 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 22 Grandin Circle 20851 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 1 Never Married 28 Married 1 ⊠ Yes 2 □ No If Yes, Give 1 ☐ Yes 2X No Specify: g Year or Dates: 1945-1949 Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Pre Cast Stone Mason Construction 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Meiden Surname) Mary Jane Kinder Owen F. Mills 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Katherine L. Mills/Wife 22 Grandin Circle, Rockville, Maryland 20b. Piece of Disposition (Name of cametery, crematory or other piece) Aug. 18, 1997 20a. Method of Disposition 20c. Location - City or Town State 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Memorial Park Rockville, Maryland Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2805 of Funeral Service Ligensee and M00198 Enter the the case, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart future. List only one cause on each line. Immediate Cause (Final Metastatic Lung Cancer 16 months disease or condition resulting in death) Due to (or as a consequenca of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of) Physician/Medical Due to (or as a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the causs of death? 1⊠ Yes 2□ No 3□ Probably 4□ Unknown þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was en autopsy performed? 1 ☐ Yes 2 🛱 No 1 Yes 2 No Be 25. Was case referred to medical 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 1 ANatural 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 Yes 2 No 2 Accident Investigation 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 🗆 Homlcide \*\*Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one)

29c. License number

D43083

9707 Medical Center Drive, Rockville, Maryland

25700-

29d. Dete signed (Month, Day, Year)

August 14, 1997

State Registrar

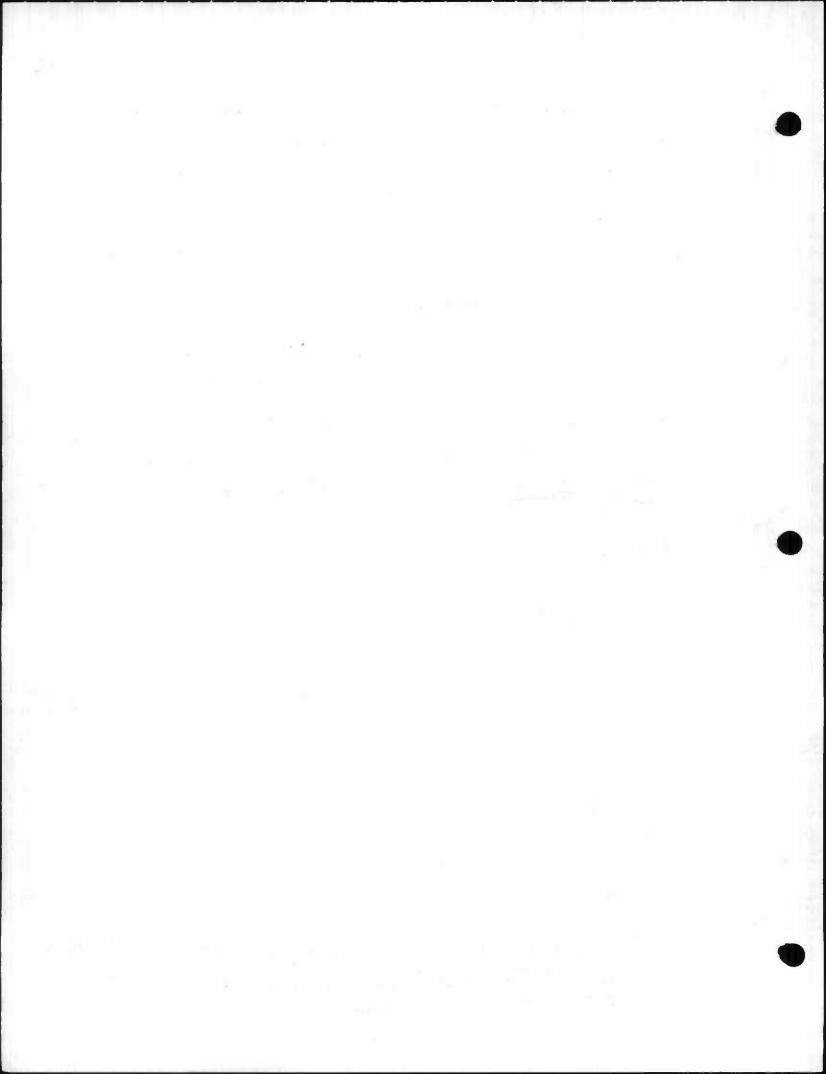
29b. Signature and title of certifier

George A. Sotos, M.D.

wig a.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

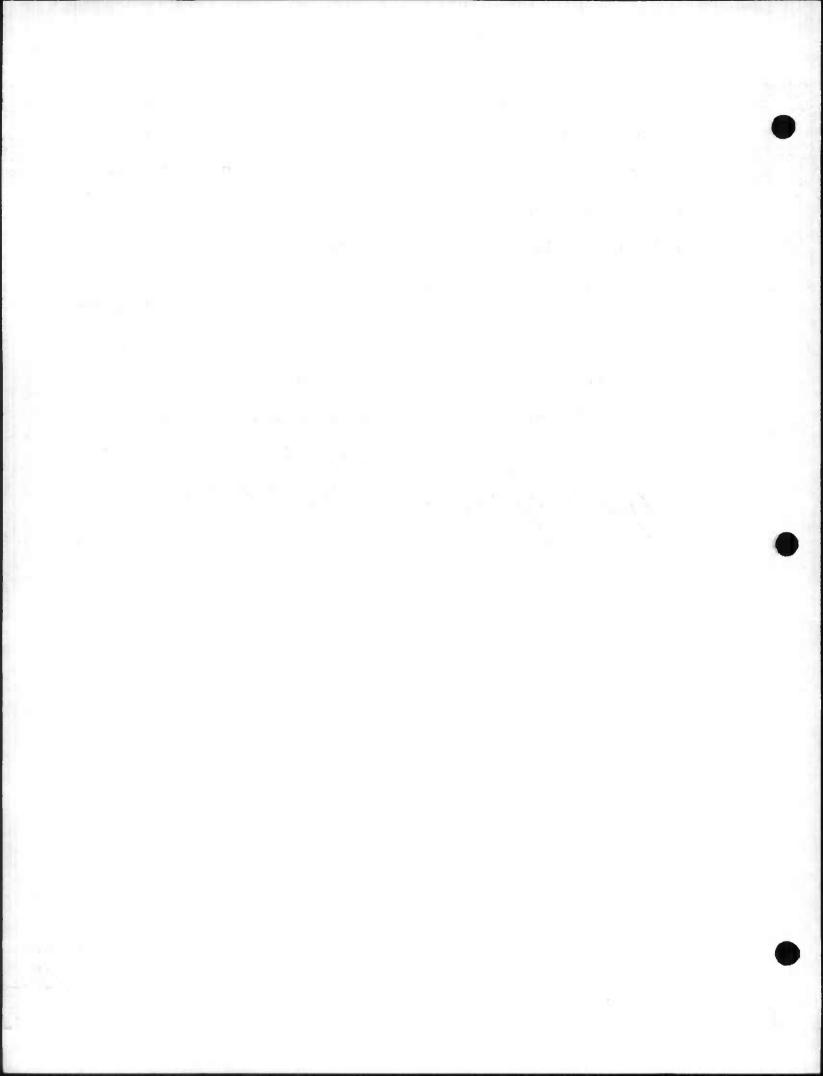
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State of Maryland / Department of Health and Mental Hygiene 97

						Cer	tificate	Of	Death			Reg. No.		
	Physici /Medi		Decedent's Nama (First, Middle, Las     JOHN CLAYTOR	N MILLER							2. Date of De Month August	Day	) Yaar	3. Time of Death 1:30 AM
	Examir		4a. Facility Name (If not institution, give Manor Care Wheaton	street end number)					4b. Cay, To Wheat	con	ocation of Deat	Mont	y of Death gomer	Y
	Funeral Director		220 10 0000	0x 0 M 2□ F 88	e (In yrs. last b	irthday) Yrs.	If Under 1 Months E	ear ays	If Under :	24 Hrs. Min.	8. Date of Bir February	7, 1909	9. Birthi Ohi	place (State or Foreign
	Maryland a-f ehow	tor	Usual Residence of Decedent  10e. State  Maryland  10b. County  Mongtome	ry	10c. City, Tov Germa									10d. tnslda City Limits 1 1 Yas 2 □ No
	th with the 23a or 28	Funeral Director	10e. Street and Number 12525 Timber Holle	ow Place			10f. Zip Co 2087					10g. Citizan of U.S.A.	What Cou	ntry?
020	y within 72 hours after death with the Maryland liene. Then "natural", or items 23s or 28s-f ehow The Medical Examines must be notified at	by	11. Marital Status  1 □ Naver Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armad Forces? 14 Yes 2 1 If Yes, Give Yaar or Dates:	Ever in U,S.		Vas Deceden Yes, specify		dispanic Origan, Mexican Specify:	gin? (Sp , Puerto	ecify Yas or No Rican, etc.)		ce - Amari ck, White, w.: aucas	etc.
121	within ane. than	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation le completed) College (1-4or 5	16a		ent's Usuai C kind of work of OO NOT use i			of work	ing	16b. Kind of E	usiness/In	dustry
land 2	be filed tel Hyg d other event,	To Be Co	17, Father's Name (First, Middle, Last)  John Miller							r's Nam		, Maiden Sumer	ne)	
	- 6 10 3	-	19a. Informent's Neme/Relationship (T. Louise H. Miller-W		191	b. Mellin 2525	g Address (S Timber	treet	end Numbe	or or Rur	al Route Numb	er, City or Town	, State, Zip 20874	Code)
Baltimore,			20a. Method of Disposition  1 Burial 2 Cremation 3 4 Donation 5 Other (Specify,	Removal from Stata	20b. Piece camete	ery, crem	sition (Neme netory or othe Iniv. Me	r ple	ca) Georg Center	E.	Date Ligust 12, 1997	20c. Location Washingto		
Ball	permit. Pagas Department of I Important: If ite any Injury or of		21. Signature of Funeral Servica Licens	he la	2	(b) P.C	Nama and A umbia M D. Box 5	ddre 800	uary Se 17, Wast	V	•	20037–800	7	• Compared shows
	Physician /Medical Examiner		23a. Parti. En er the disease, or come shock in heert feilure. List only o	a		+a+	714				or respiratory a		1 1	Approximata Intervel Between Onset and Death Few Years,
,	axecuted n and al-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate ceuse. Einer Underlying	b	Due to (or as a									
0X 68/6U,	cartificate be axecuted inding physician and use as the bunal-transit	√Medicai I	Cause, Disease or Injury that Initiated events resulting in death) Last	c	Due to (or as a	consequ	ience of):						1	
Ö.	the death y the atter sched for u	Physicial	Part II. Other algorificant conditions con	ntributing to death bu	ut not rasulting i	in the un	derlying caus	e giv	en in Part I.		23b. Did			o the causa of death?
or Vital Mecords,	aw requiras is been sig 2 should b	Completed by										an autopsy ormed?	av	ere autopsy findings ailable prior to impletion of ceuse death?
tai H	The ate h		25. Was cese referred to medical						OC Diago	of Doot	10		1[	Yes 2□ No
>		To Be	eyeminer?	Hospitel: 1 ☐ Inpatie	at a D EB/O	uto ati ant	2 DOA	Oth			h (Check only o		/ ( )	
io uoi	After funa		27. Menner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injui (Month, Day	y 28b.	utpatient Time of Injury	3□ DOA 28c. M	Injur Wor	4 ISTNU			dence 8 Otl		y)
=	5 4 4 6	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubulding, etc.	ury - At home, fa :. (Specify)	arm, stre	et, factory, o	fice			28f. Location ( City or To		ber or Rure	al Route Number,
	the Hospital in 24 hours e the Funeral plately filled	edical	29a. Certifier 1 Cartifying Phy. (Check only one) 2 Medicat Exami	stcian: To the best on nar: On the basis of and manner sta	examination ar	e, deeth nd/or inv	occurred at t estigation, In	ne tin	ne, date end pinlon, deat	d place, h occurr	end due to the red at the time,	cause(s) and m date and place,	anner as s and due to	tated. o the cause(s)
	To the compla	M	29b. Signature and title of cartifiar	eleuv			29c. L	cans	a number	51	8	AUC.	ed (Month, UST	Day, Year)
			30. Name and address of person who co	ompleted cause of de	eath (Item 23e)	Type, F	Print)	4	E PI	te	# 316	Ruch	UIL	LE, 2085

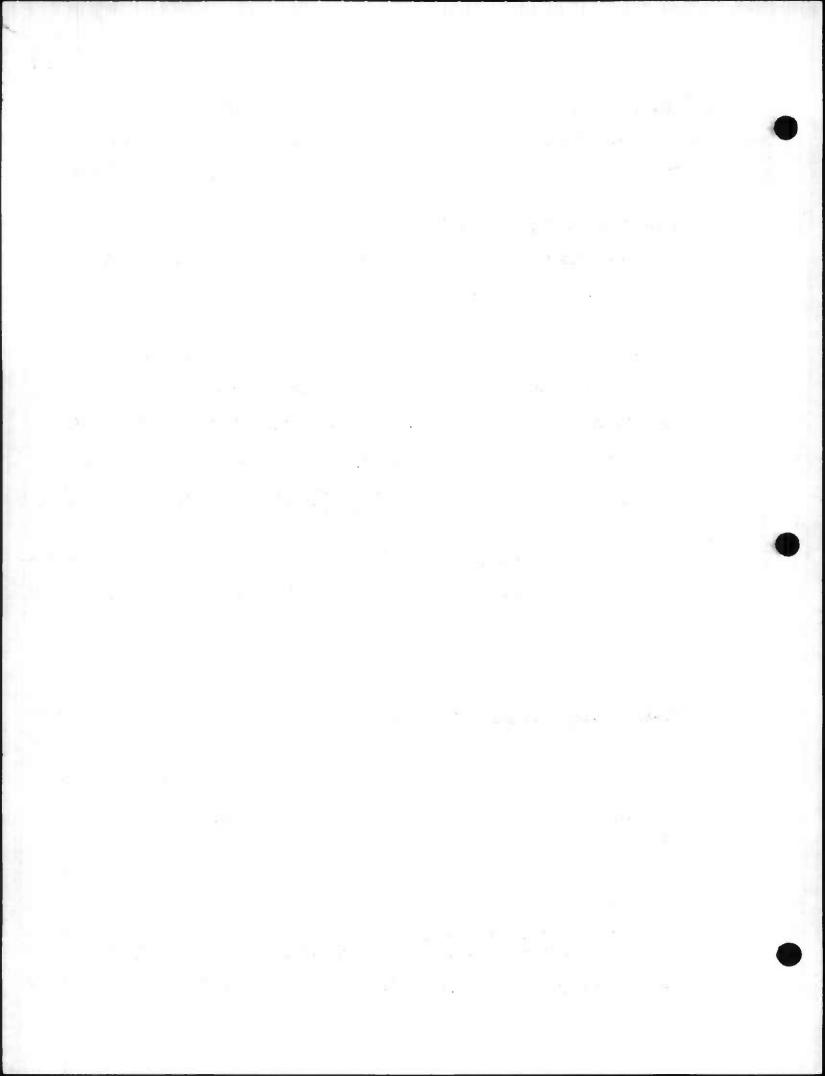
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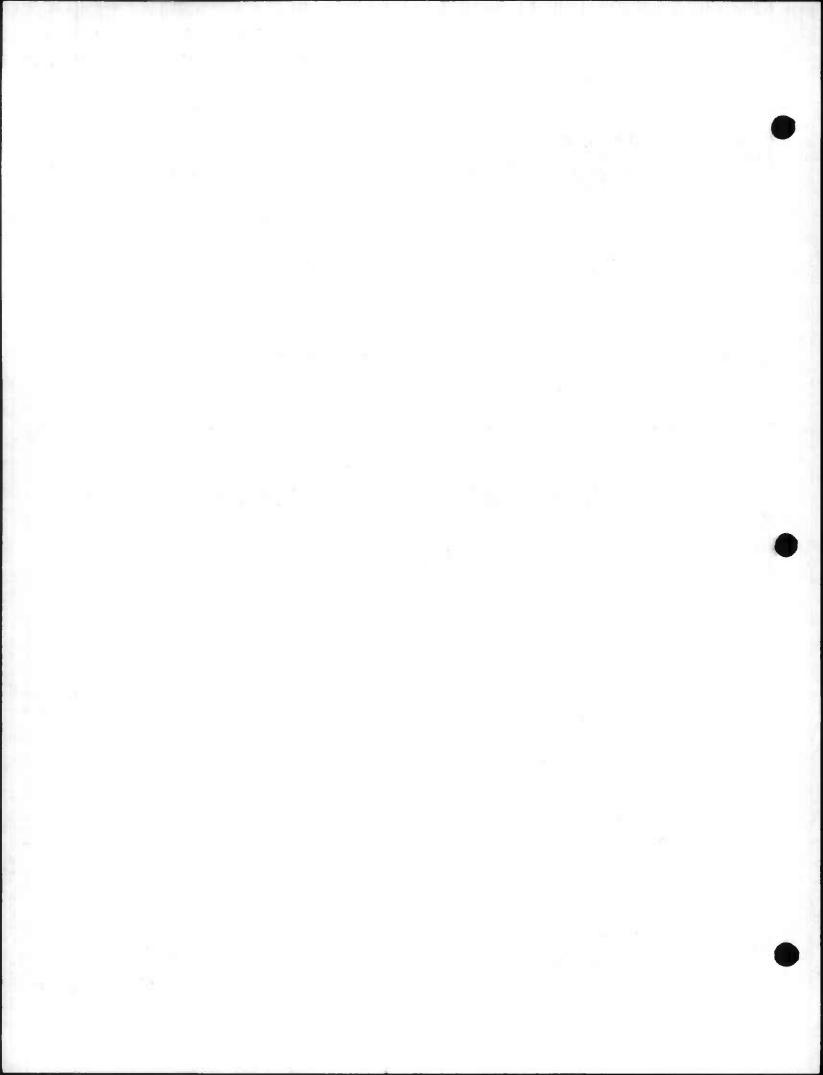
						Ce	rtificate	of	Death		Reg. N	lo.			
	Discontinu		1. Decedent's Name (First, Middle	, Last)						2. Deta o Month		ey	Yeer	3. Time	of Daeth
	Physic /Medi		Thelma Clark	McCorma	ack					Augus	st 9,	1997	1001	9:4	MA O
	Exami		4e. Facility Neme (If not institution	, give street end n	rum <i>ber)</i>			3	4b. City, Town	, or Location of D	eeth 4	c. County	of Death		
			8505 Warde Te	race					Potoma	C		Montg	omery	У	
	Funeral		5. Social Security Number	6. Sex	7. Aga (In yrs.	lest birthday)	If Undar	Yaar			Birth Dey, Yee	(5)	9. Birthp	lece (Steti	a or Foraig
	Director		577-10-1859	1□M 2Å F	8	9 Yrs.	MOIRIIS	Deys	riours	Februa	ary 11,	, 1908	Vi	rgini	ia
pu	,		Usual Residence of Decedent  10e. Stete 10b. County		10.00										
aryle	sho.	-			TOC. CII	y, Town or Lo	ocation						10		City Limit
M e	20 Pa-1	cto	Maryland   Montg	omery	Pot	omac									as 2 N
ith ti	2 2	Director	10e. Street end Number				10f. Zip (				10g. C	itizen of W	het Coun	try?	
ath	23	Ta	8505 Warde Terr				208					ited	State	28	
72 hours efter death with the Maryland	"natural", or items 23e or 28a-f show softes Examiner must be notified at	Funeral	11. Maritel Status	Armed F		,S. 13.	Was Decede If Yes, speci	ent of H	llspenic Origir an, Mexican, F	n? (Specify Yes o Puarto Rican, atc.	No-		- America White, o	an Indien, etc.	
efte	8		1 Never Married 2 Mem	if Yes, C	2 □ <b>(</b> No Sive		1□ Yas 2		Specify:			Specify:			
hour	10.4	d by	3 Widowad 4 Divorced	Yaar or	Dates:								Wh:		
		Completed	15. Decedant (Specify only highes		i)	16e. Dece (Give	dent's Usuel kind of work	done d	ation during most o d)	f working	16b.	Kind of Bus	siness/Ind	lustry	
vithir	than	du	Elementery/Secondary (0-12)	College	(1-4or 5+)				2)		1				
filed within			12 17. Fathar's Neme (First, Middle,	l acti		steno	graphe	r	10 Mathada	Name (First, Mic	-	w fir			
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should	marked o	10	Emmitt Richard			T				Lanahan					
Ol	m m m		19e. Informent's Name/Reletions Joan McCormack				-			Do toma					
l end				rice	005 [					Potoma				0854	
300	or of		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion	3 Removal from	II Stete	Plece of Dispo cometery, crea				Data		Location - (			
Pa	tant:		4 Donetion 5 Other (Sp	ecify)	Ch	esapea				8-10-9	7 Be	ltsvi	11e,	Mary	land
əmit	Department of Heal Important: If Item 2 eny Injury or other once.		21. Signature of Funeral Service I	icensee					ss of Fecility						
۵	0 5 6 9		(and	1 Dol		9	app Fi	iner	venue.	vices, l Silver	Snri	na. M	arvla	and 2	0910
Н			23a. Part1. Entar tha disaasa, or shock, or haart feilure. List	complications that	caused the deet	h. Do not ent	ter the moda	of dyir	ng, such as ca	rdiac or respirato	ry arrest,			Approxim Intarval B	ete
Pł	nysician													Onset en	
	Medical		Immedieta Ceusa (Final diseese or condition	P	VEUM	9111	A							1 (4)	66 K
	kaminer		resulting in death)	θ	Dua to (c	or es a conse	quenca of):		^					, ,	
Q	=	Examiner		- CHA	ZONIC .	DAST	ever	11/4	: Pu	LHONBA	24	155	486	10	YEAR
certificate be executed	physician and s the buriel-transit	Eam	Sequentially list conditions,	0.	Due to (c	or as e consec	quence of):								
0 0	uriel.		Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury												
ete b	hysic the b	lica	thet Initiated events resulting In death) Lest	C	Due to (o	r es a consec	quence of):								
ortific	d guipo lse es	/Medical		L,											
		an		d											
a death	he el	Physician	Part II. Other significant condition	ne contributing to	death but not res	ulting in the u	inderlying ca	usa giv	en in Part I.	23b.	Did tobaco	co use con	tribute to	the caus	e of death
thet tha	A 42	P.	CONGESTIVE	Ches	DT C	11,00	-				1 ☐ Yes	2□ No	3 Prob	ably 4	Unknow
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requiras	peen s	ted								24a, \	Ves en eur performed?	lopsy	ava	allable pric	
aw	65 CA	Completed											of e	mpletion o deeth?	r cause
The e	ata ha page	5									☐ Yes	2 440	10	Yas 2	No
lan:	certificata rector, pag	Be	25. Wes case raferred to medical examiner?						26. Place o	f Death (Check o	nly one)				
Physician:	dire	2	1 Yes 25 Ho	Hospital:	Inpatient 2	ER/Outpatier	nt 3 DO	Oth	er: 4 Nurs	ing Homa 5	Rasidence	6 □Othe	r (Specify	1)	
			27. Menner of Deeth		a of Injury onth, Dey Year)	28b. Time o Injury	of 28	c. injur Wor	y et	28d. Desci	ibe how in	jury occurre	ed		
Attending	death.	atic	2 Accident 5 Pending investig		, 55, 754,	jury	М		Yes 2□No						
Atte	after death Director: , d in by the	ertification:	3 ☐ Suicida 6 ☐ Could r 4 ☐ Homicide detarmi	ned 286. Piec	ce of Injury - At he	ome, ferm, ste	reet, factory,	office			on (Street	end Numbe	r or Rura	Route N	um <i>ber</i> ,
al or	a after set of in be	Cer		Julia	ding, etc. (Specif	y/				Only of	romi, ote	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Hospital	24 hours Funeral staly filled		29a. Certifiar Certifyin	Physician: To th	a best of my kno	wladga, daatl	h occurred a	t the tin	ne, data end p	oleca, and due to	tha causa	(s) and mer	nar es st	etad.	
he H	within 24 hours after of To the Funeral Direct completely filled in by	edical	(Check only 2 Medicat I	end ma	basis of exemine nner steted.	tion and/or In	vestigation,	n my o	pinion, daeth	occurred at tha ti	ma, data a	nd placa, e	na due to	the cause	9(S)
To th	within 2 To the comple	Z	29b. Signeture and title of certifier	(1)	11		29c.	Licens	e numbar		29d. D	ata signed	(Month, i	Day, Year	)
	10		· Rear	1301	e Sto	4	D	34	069		8	19/	97		
			30. Nama and address of person v	no completed cau	usa of death item	1 23e) (Type,				- 19					
			GEORGE BOL	no completed cau	1621	SFE	RNUK	Kd.	RD#	404 B	6.7Hz	ESDA	Mi	20	817

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 25778

			Otate of Waryland	Certificate of		Reg. No.	25/18
П	Physici	an	1. Decedant's Neme (First, Middle, Last) Charlotte N. Mo	attson	M		3. Time of Death
d	/Medi		4a. Facility Neme (If not institution, give street end number)		4b. City, Town, or Location	1905+ 14 190 1 of Deeth 4c. County of 1	
4	Examir	ier	Suburban Hospital		Bethesda	Montge	
Н	Funerai		5. Social Security Number 6. Sax 7. Age (In yrs. last it				Birthplece (Stete or Foreign Country)
37	Director		340-32-9164 1□ M 201F 89 Usual Residence of Decedent	Yrs. Months Days	Hours Min. (N		New Jersey
	how		10e. State 10b. County 10c. City, To	wn or Location			10d. Inside City Limits
	Sa-f s	Director		hesda			1 ☐ Yas 2 No
	vith th	Dire	10e. Street and Number	10f. Zip Code		10g. Citizan of Wha	t Country?
	s 23	erai	6904 Marbury Road		817	United	
21215-0020	filed within 72 hours effer death with the Maryland Hygiene. ther than "netural", or items 23a or 28a-f show int, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Naver Married 2 □ Married  3 ☒ Widowed 4 □ Divorcad  12. Was Decedent Evar in U,S. Armad Forces?  1 □ Yes 2 ☒ No If Yes, Give Yeer or Datles:	13. Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☒ No	lispanic Origin? (Specify Y an, Mexican, Puerto Rican Specify:	(as or No- , etc.) 14. Race - Black, N Specify:	Amarican Indian, White, atc.  White
5-0	thin 72 hours a. an "natural", Medical Exp	Completed	15. Decedent's Education (Specify only highest grade completed)	a. Decedant's Usual Occup	ation	16b. Kind of Busin	
121	within ena.	прie	Elamentary/Secondary (0-12) Collage (1-4or 5+)	(Giva kind of work done lifa. DO NOT use ratired			
12	e filed withing the filed withing the filed within the cother them from the filed within th		12 Pr	ofessional Opera			vn Home
ano	od e de	Be c	Stanislaus Lochowicz			t, Middle, Melden Surneme)	
Maryland	SPEE	To		b. Mailing Address (Street	Josephine  and Number of Bural Bou	te Number, City or Town, Ste	ite. Zin Coda)
	alth a 27 is r tra						Virginia 22207
ore,	of Healt Item 2 r other		00-14-4-4-7	of Disposition (Neme of ery, cremetory or other plea			y or Town, Stata
Ē	Peg ment: H ant: H ury o			lawn Memorial			e, Maryland
Baltimore,	permit. Peges 1 Department of H Important: if Itel any injury or ott		21. Signature of Funarel Service Licensee M0083	22. Nama end Addras	ss of Facility		
7	205 # 9		Sarbara & McMullen Jawken	7557 Wisconst	mphrey Funeral in Avenue, Beth	Home/Bethesda-Clesda, Maryland 2	hevy Chase, Inc. 20814-3501
			23a. Part1. Enter tha declare of complications that caused the death. Do shock, or heart failure. List only one causa on each line.	not enter the moda of dyin	g, such es cardiac or rasp	olratory arrest,	Approximata Interval Between
	Physician ' /Medical		Immediata Cause (Final	2000			Onset and Deeth
	Examiner		diseasa or condition	HKKES!			
Ц		Jer	SEPS (S	consequanca of):			
	ificete be executed g physician and as the burial-transit	Examiner	0.	consequence of):			
90,	Sian a		Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated events				
68760,	physic the b	edical	that initiated events resulting in death) Last Due to (or as e	consequenca of):			
	E 0 6		d				
Вох	death cer e attendin od for use	clar					
0	the sche	hysi	Part II. Other significent conditions contributing to death but not resulting			23b. Did tobacco use contrit	
S, P	S 5 8	by Physician/N	HYPERTENSION, STROKE,	SWALLOWA	NG-	1 Yes 2 No 3	Probably 4 Unknown
Records,	een s	Completed	DYSFUNCTION, CONGESTIVE	HEART FA	ILURE 2	4a. Was an autopsy performed?	4b. Were autopsy findings available prior to completion of causa
Rec	has has	dwc					of daath?
ta	certificate	BeC	SEIZURES, PARKINSON'S DIS	ESE HYVI	26. Placa of Daath (Che	1 Yes 2 7No	1 ☐ Yes 2 ☐ No
of Vital	0 0 Z	ToB	examiner?  1 Yes 2 No Hospital: 1 Impatient 2 ER/C	Outpetient 3 DOA Oth	er:	© Residenca 6 □Othar (	Specify)
0 4	ding Phys h. After this funeral di			Time of 28c. Injury World		escribe how Injury occurred	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sio	Attending r death. actor: After by the fune	catic	2 Accident Investigation		Yes 2□No		
Division	or Attendestile of Attendestile Director:	Certification:	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, to building, etc. (Specify)	arm, street, factory, office		ocation (Street end Number of ity or Town, Stete)	r Rural Route Number,
	pital ours eral filled		29a. Certifier Certifying Physician: To the hest of my knowledge				
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the fune.	edicai	29a. Certifier (Check only one)  1 Certifying Phyalclan: To the best of my knowledge (Check only one)  2 Medical Examiner: On the basis of axamination e and manner stated.	nd/or invastigation, in my op	ne, date and pieca, and du pinion, daath occurred at t	he time, data and place, and	or as stated. due to the ceuse(s)
	within To the	¥.	29b. Signature and the certifier	29c. License		29d. Date signed (M	fonth, Dey, Year)
	10		Kty Olhers	DZ	6571	8/14/0	77
		-	30. Name and address of person with completed cause of death (Item 23a)	(Type, Print)		1. /	
			IRVING MIZUS, MO 4930	DELRAY	AVE BET	HESDA, MD	208 14
	Sta Registra	te ar	31. Date filed (Month, Day, Yaar) 32. Registrar's Signature AUG 15 1997	on-Randell		,	



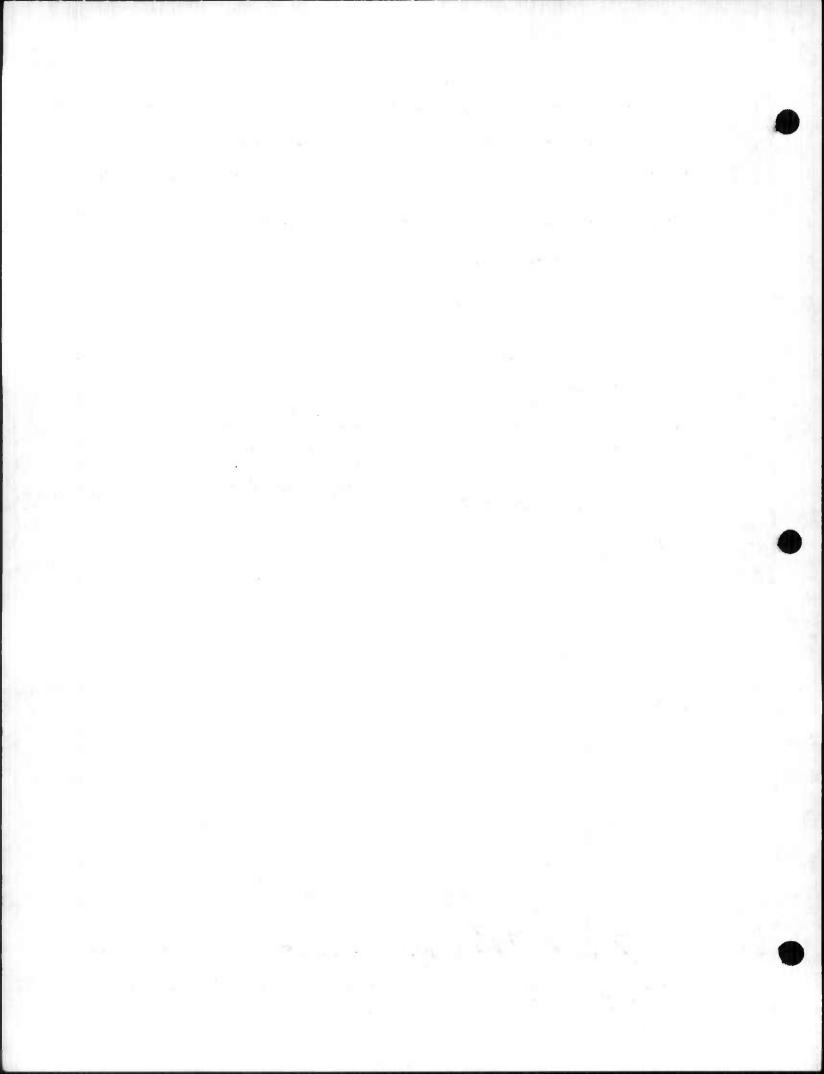
State of Maryland / Department of Health and Mental Hygiene 97

97 2577

							Certifica					Reg. No.			
	1.1	Decedent's Neme (Firs	t, Middle, Le	st)							2. Deta of De	eth	V	3. Ti	ma of Deeth
ysician Iedical			G	eorge W.	Mart	hens	, TT				Month August	7, Dey 19	97 Yeer	11	:00 a
nedicai aminer	4a.	Fecility Neme (If not in					,	4	b. City, To	wn, or Lo	cation of Deat		inty of Deat		.00 a
	1	4550 North	Park	Avenue.	#705				Chevy				lontgo		
al	_	Social Security Numbar		-	7. Age (In yi	s. lest birt	hday) If Unde	r 1 Year	If Under						tete or Form
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by Funeral		Marital Status  1 Navar Merried 2  3 Widowed 4 D		12. Was Dace Armed For 1 X Yas If Yes, Give Yeer or Da	2 No		13. Was Dece If Yas, spe		ispanic Orl en, Mexicer Specify:	gin? (Spe n, Puerto	ecify Yas or No Rican, etc.)	E	Race - Ame Bleck, White ecify:		
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8			00	2/	<b>≠</b> моо	205	Bethes	da-Ch	ievy.	Chase	Inc	-7557	Wisco	nsin	Aven
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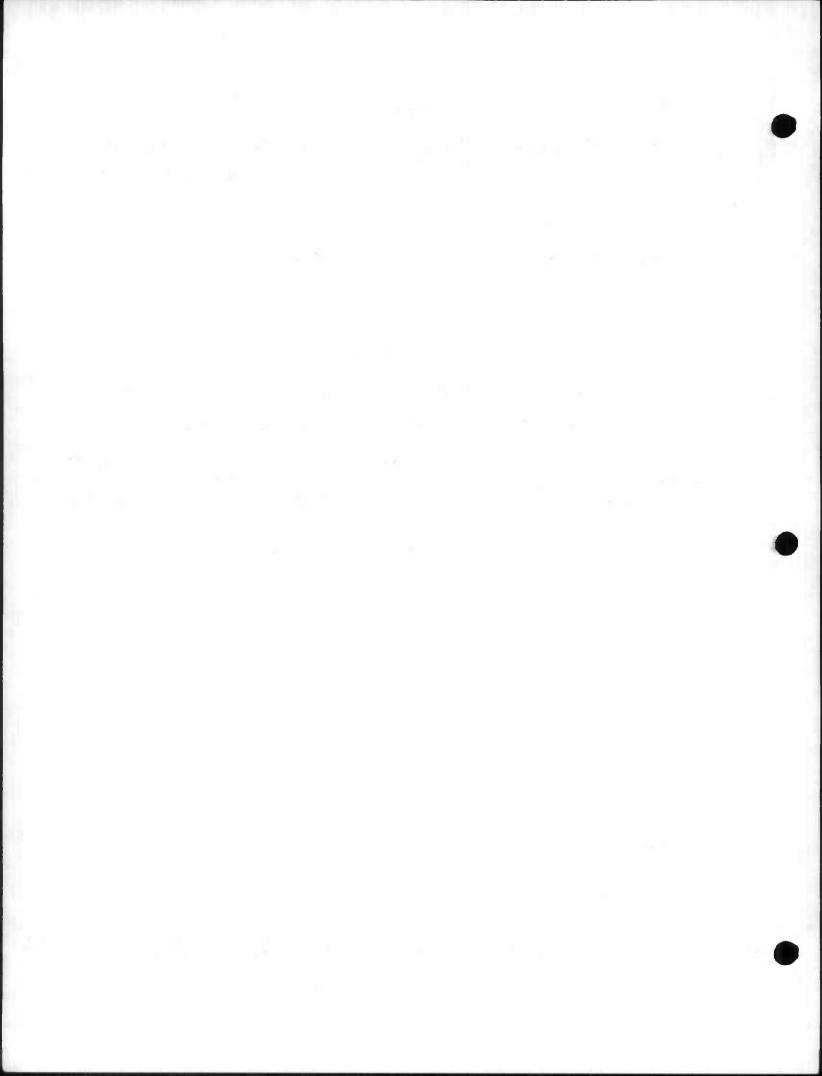
State Registrar



State of Maryland / Department of Health and Mental Hygiene

97 25780

					Cer	tificate of	Death	F	Reg. No.		
Physic /Medi		Decedent's Neme (First, Middle, La     MARTHA	st)	m	ARR	AFFA		2. Date of Dea Month	Day	Year 1997	3. Time of Deeth 1907 P
Exami		4e. Facility Name (If not Institution, giv	e street and nu				4b. City, Town, or	Location of Death			
		SHADY GROVE ADV	ENTTST	HOSPTTAT.			ROCKVII	J.E	MONTG	OMERY	100
Funeral	Г	5. Sociel Security Number 6. S	өх	7. Age (In yrs. last	birthday)	If Under 1 Year	r If Under 24 Hrs	8. Date of Birt	h		ace (State or Foreign
Director		579-05-9181	□ M 2 1 F	78	3 Yrs.	Months Day	s riodis wiii	Dec. 31	, 1918	North	"Carolina
pu »		Usual Residence of Decedent  10a, State 10b, County		100 City T	`aua as I as	-Ai-					
show	2	,		10c. City, T						10	od. Inside City Limits  1    Yes 2   No
Ne M	Director	NC Wilson		Stan	tonsb						
gos 1 and 2 should be filed within 72 hours after deeth with the Maryland it of Health and Mental Hygiena. If New 27 is marked other than "naturel", or Nerna 23a or 28æf show or other traumatic event, the Medical Examinate Install be notified.		10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?
a 23	Fra	Route 2, Box 960	T .		1.0.11		7883		United		
ar de Item	Funeral	11. Marital Status	Armed F		13. V	Yas Decedent of Yes, specify Cu	Hispanic Origin? ( ban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		ca - America ck, White, e	
rs aft	by F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	If Yes, G Year or I		1	☐ Yes 2 🛣 No	Specify:		Specif		
hou		15. Decedent's Ed			6a Deced	ent's Usual Occi	ination	1	16b. Kind of B	Whit	
in 72	Completed	(Specify only highest gra	de completed)		(Give I	kind of work don	e during most of wo	orking	100. 1000 01 0	usineas/nio	usiry
within iena. than "	E	Elementary/Secondary (0-12)	College (	(1-4or 5+)	Но	memaker	,		Н	ome	
al Hygid other	Be C	17. Father's Name (First, Middle, Last)			110	memarer	18. Mother's Na	me (First, Middle,			
should be and Mental marked o	To B	Thadeus		Farmer				Etta	Ľ	larris	on
2 shou and M is mar	-	19e. Informant's Name/Relationship (	Type, Print)		19b. Mailin	g Address (Stree	et and Number or R				
and 2 salth a n 27 is		Henry F. Marraffa	Jr.				Drive, Ga				
f Health f Health item 27 i		20a. Method of Disposition		20b. Place	e of Dispos	ition (Name of		Date	20c. Location		
Peges nant of i nt: If ite iry or of		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specifi		State		atory or other pi		8/13/97	Stanton	ah	NC
artm ortar injui		21. Signature of Funerel Servica Lican		Stant		urg Mem.	ress of Facility D				, NC.
permit. Peges 1 and 2 Department of Health & Important: If Item 27 is any injury or other tra once.		DII 1	011	000							
_		23a Part 1 Enter the disease or com-	olications that				Park Dr.			MD.	20877 Approximate
Dhlata		23a. Part1. Enter the disease, or com- shock, or heart failure. List only	one cause on	each line.	Jo Hot onto	i the mode or a	ring, soon as cardie	or respiratory an	631,		Interval Between Onset and Death
Physician /Medical		Immediate Ceuse (Final				1 . 1	2.1	01.1	.1 /		1
Examiner		disease or condition resulting in death)	a. Ke	Spir stor	ry	a l who	and to	Obstru	Cot 100	h	nimotes
	ē				a consequ	uenca of):				1	lastes
beto insit	듣		b	ung		cer					PANLITZ
axect n and al-tra	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as	a consequ	Jenca of):				1	
sicla bur		Cause (Disease or Injury that Initiated events	c	Due to (or as		·					
certificate be axecuted ding physician and isa es the burial-transit	/Medical	resulting in death) Lest		Due to (or as	e consequ	ience or):					
	N/		d								
death e atte	icia	Part II. Other aignificent conditions of	ontributing to d	leath but not resulting	n in the un	derlylan cause o	iven in Part I	23h Did to	nhacco use co	otribute to	the cause of death?
es thet the death ( igned by the atten be detached for u	Physician	^				denying dadde g	TVOIT II I GITT.	100	es 2 No		ably 4 Unknown
s the	by P	Cornary A	rtery	Diseas	e		_			ош	, - <u>-</u>
.E 00 mg		•	_					24e. Wes		24b. We	re autopsy findings
- JJ (7)	ojet							perfor	med /	COF	npletion of cause
0 - 0	Completed							1 🗆 Y	es 20Mo		Yes 200
		25. Was case referred to medical					OC Plans of Da		X	1	1105 21900
Physician: r this certific ral director,	o Be	examiner?	Hospital:	Inpatient 2	/Outpatient	3□ DOA O	ther:	ath (Check only or		(Canali	al .
P ta	-	27. Manner of Death	28e. Date	of Injury 28	b. Time of	28c. inj		Home 5 Resid		ner <i>(Specif</i> y rred	,
th. After funer	tio	1 Pending 2 Accident Investigation	(Mor	nth, Day Year)	Injury		onk? ⊒Yes 2∐No				
or Attendiates data data destruction: A	Certification:	3 Suicide 6 Could not be	28e. Place	e of Injury - At home	, farm, stre	et, factory, office	1	28f. Location (S		ber or Rura	Route Number,
after Direct	ert	4 Homicide	build	ling, etc. (Specify)				City or Tow	n, State)		
spits nours nerel y fille		29a. Certifier Certifying Ph	ysician: To the	e best of my knowled	dge, death	occurred et the	time, date and plac	a, and due to the o	ause(s) and ma	anner as st	ated.
• Ho • Fu • Fu	edical	(Check only 2 Medical Exam	iner: On the b	pasis of examination nner stated.	and/or inve	estigation, In my	opinion, deeth occ	urred et the time, o	late and place,	and due to	the cause(s)
To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Me	29b. Signature end title of cartifier				29c, Licer	nse number		29d. Dale signe	d (Month, L	Day, Year)
12		Fom	<	100	2 94	0 1 4	740=	)	Augus	A 9	1997
		30. Name end address of person who	completed cause	se of death (Item 23	a) (Type. F	Print)	, , , ,		2 digo	01	, , , ,
		Tamme Tede			di ca	1 Con	te Mux	Dark.	t estiv	do ar	08.50
Sta	te	31. Date filed (Morith, Day, Year)		Regist/ar's Signature			ATONING	, ram	1	20 0	

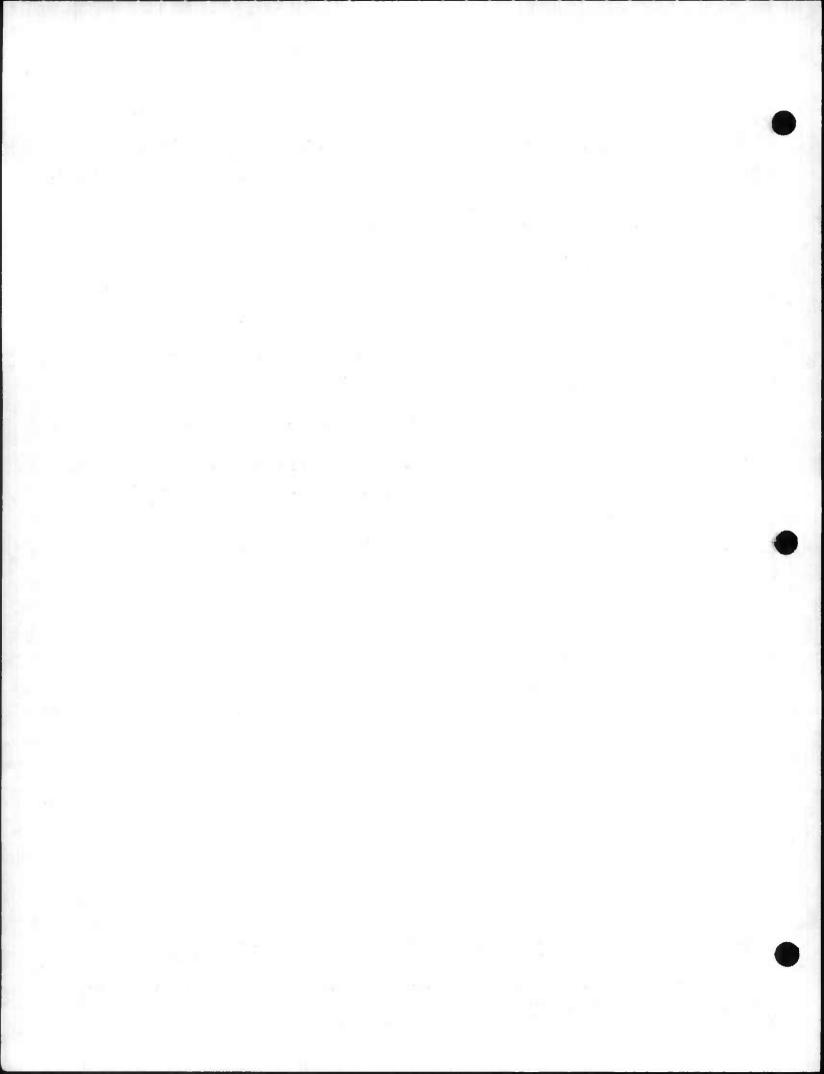


State of Maryland / Department of Health and Mental Hygiene

25781 Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** Month Yeer Julius Cesare Marchi August 8, 1997 9:55 AM /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 10712 Douglas Avenue Silver Spring Mo

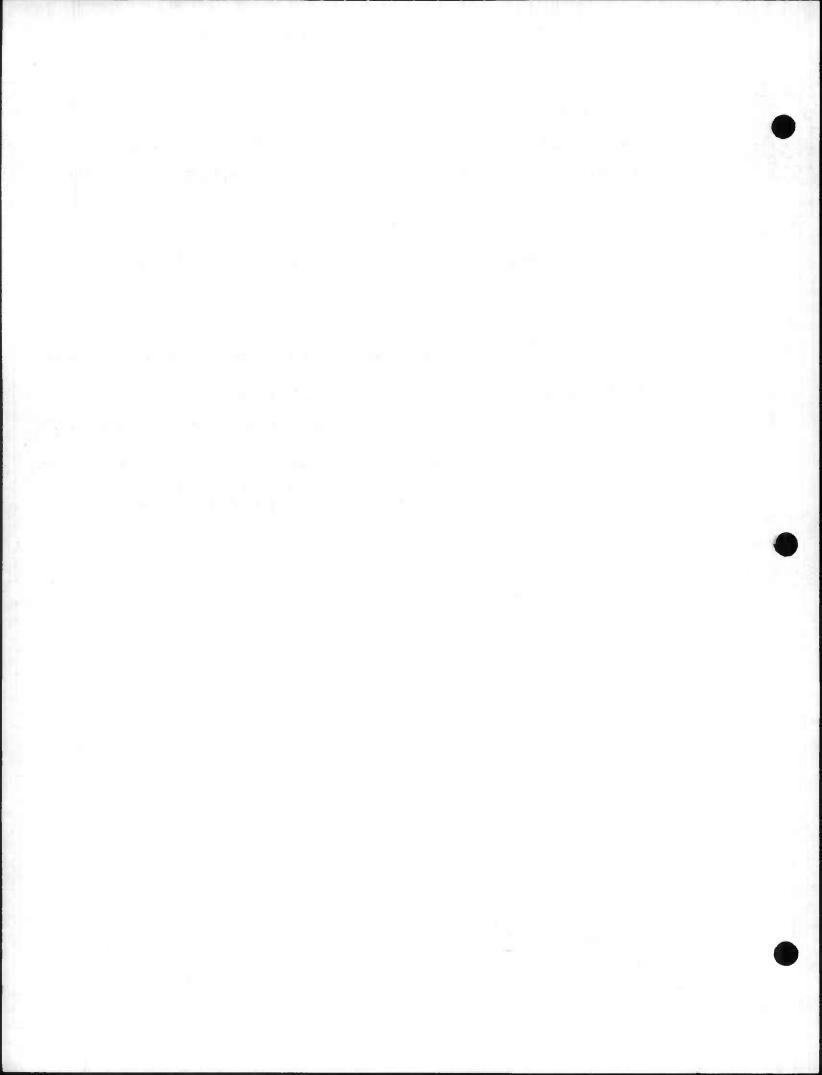
If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months Deys | Hours | Min. | (Month, Day, Yeer) Montgomery 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral**  Birthplece (State or Foreign Country) 1**X** M 2□ F Vrs Director Oct.30,1909 Washington, D.C. 500-22-5354 Usuel Residenca ot Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "netural", or items 23s or 28s-f show traumetic event, the Medical Examinar must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 X No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 10712 Douglas Avenue 20902 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygione. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Mental Exercited And Solds. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No It Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: þ 3 Widowed 4 Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Imported Wine Salesman Sales 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) 10 Joseph Marchi Tartaglia Silvia 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ellen L. Marchi 10712 Douglas Avenue Silver Spring, Maryland 20902 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) Dete 20c. Location - City or Town, State Burial 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 8/12/97 Silver Spring, Maryland 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 23a. Perti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart teilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final Pneumonia disease or condition resulting in death) 5 Days Examiner Due to (or es e consequenca ot): Chronic Obstructive Pulmonary Disease sician end buriel-transit 10 Years Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence ot): physician s the buriel Box 68760. Physician/Medical Due to (or es e consequenca of): P.O. Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 ☐ Yee 2 ☐ No 3 ☑ Probably 4 ☐ Unknown Organic Brain Syndrome Records, þ been si 24b. Were autopsy tindings avelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy certificate 1 Yes 2€ No 1 Yes 2 No Division of Vital I or Attanding Physician: after death. Director: After this certifica 25. Wes case reterred to medical Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital on 24 hours aft
 Funeral Di
 Funeral Di 1☑ Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.
2 ☐ Medical Examiner: On the best of exemination end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner stated. 29e. Certifier (Check only one) To the Pwithin 2 29b. Signeture end title of certities 29c. License number 29d. Dete signed (Month, Dey, Year) Hanton, M.D. 08695 10 August 8, 1997 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) George S. Kenton, M.D. 10620 Georgia Avenue Silver Spring, Maryland 20902 2 1997 32. Registrare Signature State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97

												Reg. No.				
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/Med		4a. Facility Name (If not institut		reet end n	umber)				4b. City. Tox	wn. or Lo	cation of Deat		County of		.00	. II
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		Bedford Court		ing l	-				Silver				ontg	omer	У	
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70		Usual Residence of Decedent														
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the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	0
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	9 MAR 3. TIME OF DEATH
	200 00	E (In yrs. lest birthday) IF I	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF D		1941 Washington, DC
DIRECTOR	Sykesville Eldercare		Sykesville		Carroll
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
	MD Carroll		Taneytown		LIMITS?
RAL	10a. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	3257 Harney Road  11. MARITAL STATUS  12. WAS DECEDENT EVER	R IN U.S. ARMED	21787  13. WAS DECENDENT OF HISPA	NIC OBIGIN2 (Specify Voc.	or No. 14. RACE — American Indian,
ВУ	1 Never Married 2 Married FORCES? 1 YE 3 Wildowed 4 Divorced IF YES, GIVE WAR OF	S 2 X10	If yee, specify Cuban, Maxico	in, Puarto Rican, etc.)	Black, White, etc.  Specify: White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY
COMPL	5	Roofer		Roofing	Contracting
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden S	
BE	Raymond Minnick, Sr.  196. INFORMANT'S NAME (Type/Print)	405 MAII ING 400		s Lee Gordo	
5	Mrs. Glorian Ann Minnick		RESS (Street and Number or Rural  Arney Road Tan		
	20a. METHOD OF DISPOSITION	06. PLACE AND DATE OF DE	SPOSITION (Name of		ATION — City or Town, Stata
	4 U Donation 5 U Other (Specify)	carroll Cre	emation Servic	e 8/13 Ham	npstead, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		HAIGHT FUNER	AL HOME & C	HAPEL (Box 195)
		L	Sykesville,	MD 21784 (4	10)-795-1400
	23. PART i. Enter the diseesea, or complications that cause shock, or heart failure. List only one cause on	each line.	nter the mode of dying, suc	h aa cardlec or respir	Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	- ORTO	gred 30		Onset and Death
		A CONSEQUENCE OF):	9	3	10 (110 113)
NO	Sequentially list conditions,	A CONSEQUENCE OF:			3725
CATI	cause. Enter UNDERLYING	in conceded to y.			
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS resulting in death) LAST	A CONSEQUENCE OF):			
CER	d				
A	PART II. Other significant conditions contributing to deeth	but not resulting in th	e underlying cause given in	Part I. 24s. WAS AN A PERFORM	
MEDIC	10 45(CO 12 120)	3 C		1 _ YES 2 [	COMPLETION OF CAUSE OF DEATH?
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	NO UNCERTAI		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C	heck only one)		
YSIC	1 VES 2 NO 1 Inpatient 2 ER/O		HER: Norsing Home 5 - Residence	6 Other (Specify)	
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation		28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED
FED BY	Z DACTORIN	RY — A1 home, 1erm, street	, factory, offica	28f. LOCATION (Street an City or Town, State)	nd Number or Rurel Route Number,
'n	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kn	Dwiedge, death occurred et	the time data and place and dur	to the councie) and manual	
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axaminar				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER	29d. DATE SIGNED (Month, Day, Year)
10 8	Met & Kreyword W	\	1016.	153	8/12/91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pring	BOBERT KRO	andian Ri	ANDALISTOWN
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAD'S SIG	BNATURE	JUNEAL TYPE	UPNEK N	11) <1/37
	AUG 1 3 1997 Julia Dave	tuor Kandall			

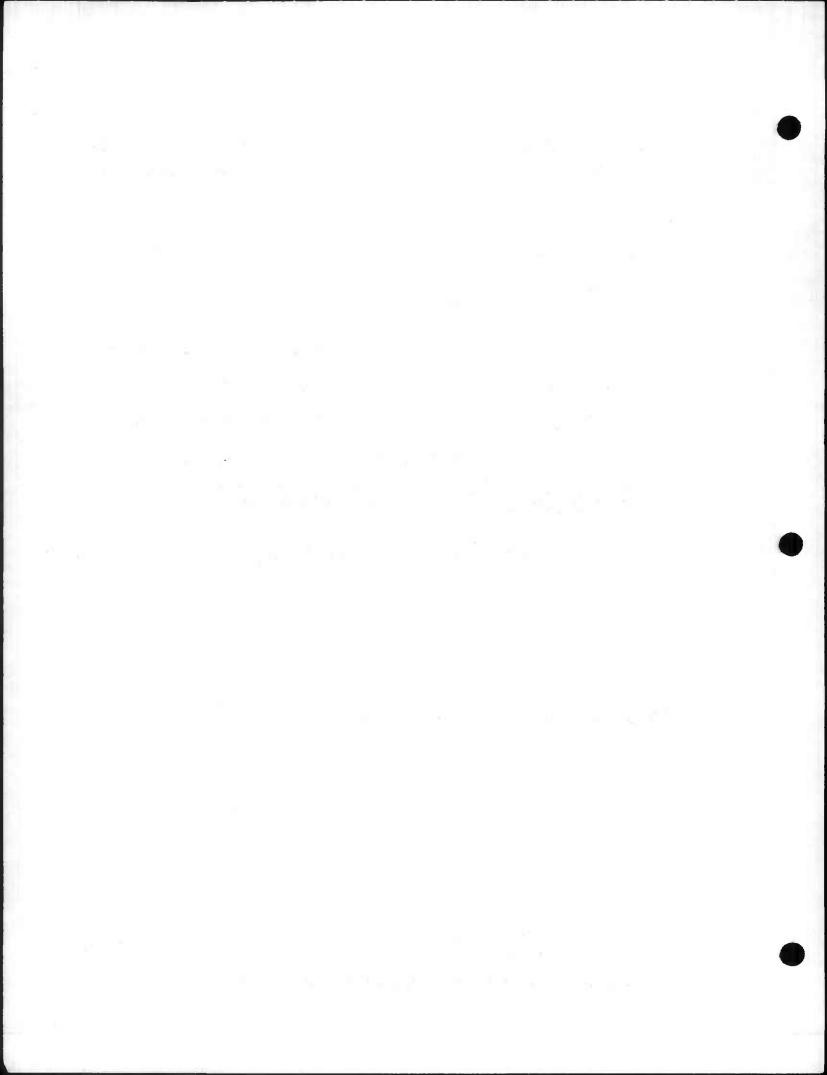
Amended # 26 DRW Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 8/8/97 Alegany County State of Maryland / Department of Health and Mental Hygiene 25784 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Death Yaar **Physician** Johnie Manue1 Η. 3 1997 12:47 J.m /Medical August 4a. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Frederick Frederick
If Undar 24 Hrs. 8. Di
Hours Min. Memorial Hospital Frederick 8. Data of Birth Month, Day, Year, Dec 28, 1930 If Undar 1 Yaar 5. Social Security Number 6. Sex ↑□ M 2□ F 7. Age (In yrs. last birthdey) Birthplace (State or Foraign Country)

A **Funeral** Months Days 579-48-4234 66 Yrs Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at LaVale 1X Yas 2 □ No MD Allegany Director 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 355 National Highway 21502 USA deeth Funeral 12. Was Decedant Ever In U,S.
Agned Forces?
14 Yes 2 □ No
If Yes, Give Wes Decedent of Hispenic Orlgin? (Specify Yes or No-iff Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, 11. Maritel Status Bleck, White, etc. 2 should be filed within 72 hours after end Mentel Hygiane. Is marked other than "natural", or ite 1 Navar Married 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: PV If Yes, Give Yeer or Dates: Korea 3 Widowed 4 Divorced white Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elamantary/Secondery (0-12) College (1-4or 5+) Ret. Produce Manager Safeway Stores Inc 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumama) Be Lucian T. Manuel Wilda Mae (Kline) 2 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) permit. Peges 1 and 2 sh Department of Health and important: If Item 27 Is m any injury or other traum once. Shirley Manuel—wife 355 National Highway; LaVale, MD 21502 Robert J. Manuel-son 20e. Method of Disposition
1 Burlal 2 Crametion 3 Removal from State 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State Restlawn Mem Gardens 08/08 LaVale, MD 4 □ Donation 5 □ Other (Specify) 21. Signature of Funaral Service Licensee 22. Name and Address of Eacility
Scarpelli Funeral Home Cumberland, MD 21502 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each lina. **Physiclan** /Medical Immediate Cause (Finel diseese or condition resulting in death) zylyom Examiner Due to (or es a consequence of): Examiner sician and burial-transit Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated events resulting in death) Lest Due to (or es e consaguance of) Box 68760. ettanding physician for use es the buria certificate be Physician/Medical Due to (or as a consequence of): P.O. the Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Dld tobacco use contribute to the cause of death? 2 Yes 2 No 3 Probably 4 Unknown thrombosis Division of Vital Records. by 24a. Was an eutopsy 24b. Wara autopsy findings available prior to completion of cause of death? Completed peeu hes certificate 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was case refarred to medical examinar? Be 26. Place of Death (Check only one) Hospital: 10 1 ☐ Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury Certification: 28c. Injury et Work? 28d. Describe how Injury occurred After To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba datermined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suiclda 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at tha time, date and piece, and due to the cause(s) and manner as stated.

[Insert Section 2] Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceusa(s) and manner stated. 29a. Certifier Medicai (Check only one) 29b. Signatura and vittle at certifie 29c. Licanse number 29d. Date signed (Month, Dey, Yeer) 12 30. Nama end address of person who completed ceusa of daeth (Itam 23a) (Type, Print) Jew Dr. G. Peter Pushkas; 11510 Old Georgetown Rd; Frederick, MD 20852 31. Data filad (Month, Day, Year) 32. Registrar's Signeture State Water Marchan Rawfall AUG 0 8 1997

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

25785

							Certifica	te of	Death			Reg. No.	- 1	20100			
Physici /Medi		RUNALD LERUY MASON											Yeer 997	3. Time of Deeth 4:55 pm			
Examir		4e. Facility Neme	(If not Institution,	give street end n	u <i>mber</i> )				4b. City, To	own, or L	ocation of Deer	th 4c. Cou	nty ol Deel	th			
		Memoria	al Hospi	ASON  2. Dete of Deeth Month Dey Yeer August 2, 1997  4b. City, Town, or Location of Deeth Allegany  3. Sex 1 M 2 F 7. Age (In yrs. last birthday) 1 M 10 M 2 F 45 Yrs.  10c. City, Town or Location  10c. City, Town or Location  SLANESVILLE  10c. City, Town or Location  SLANESVILLE  10de 1 Jegs 2 Jeg No Year or Detes:  11 Jess 2 Jeg No Year or Detes:  12 Mest of Deeth Allegany  13. Was Decedent of Hispenic Origin? (Specify Yes or No-Il Yes, Septify: WHIT)  14 Jess 2 Jeg No Year or Detes:  15 Jess (Jew Kind of Work done during most of working life. Do Not use retired)  16 Jess (Jew Kind of Work done during most of working life. Do Not use retired)  18 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Completed)  19 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Completed)  19 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Completed)  19 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Completed)  10 Jess 2 Jeg No Yes or No-Il Yes, Septify:  11 Jess 2 Jeg No Yes or No-Il Yes Yes or No-Il Yes, Septify:  12 Memovel Irom State  14 Ment of State or No-Il Yes Yes or No-Il Yes Yes or No-Il Yes, Septify:  15 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Completed)  16 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Completed)  17 Jegs 2 Jeg No Yes or No-Il Yes Yes	у												
Funerai Director		5. Sociel Security 231-74-0		6. Sex 1 <b>X</b> 0 M 2□ F	7. Age (In		Months		If Under 24 Hrs. Hours Min.		8. Dete of Bi (Month, D JUNE 2	irth ey. Yeer) 0, 1952	9. Bird Co WES	thplace (State or Foreignuntry) ST VIRGINIA			
P		Usuel Residence															
the Marylar 28a-f show		10e. Stete	10b. County		10									10d. Inside City Limits			
e Me	9	WV	HAMPSH	IRE		SLANE	SVILLE							1 □ Yes 2 N			
or 2	Director	10e. Street end N	lu <i>m</i> ber		10f. Zi	p Code			10g. Citizen of Whet Country?								
th w	<u>a</u>	POST O	FFICE BO	X 99			25	444				USA					
ter dea Items	Funerai	11. Maritel Stetus		12. Wes De	cedent Eve	r in U,S.	S. 13. Was Decedent of Hispenic Origin? (S					0- 14. F	14. Race - American Indien,				
of after	F	1 Never Ma	mied 2 Marrie								1110011, 010.7						
ours ours	d by	3 Widowed	4 Divorced	Year or		10 103	20140	Ореспу			Spe	"y. WHITE					
72 hours aft	ete	(Sp	15. Decedent's	s Education	1)	16e. D	ecedent's Usu Give kind of wo	el Occup	petion durina mo:	st of work	ina	16b. Kind ol	Business	Industry			
Maryland Z1Z15-UUZU d2 should be filed within 72 hours after death with the Maryland th and Manlel Hygiena. 7 Is marked other than "natural", or items 23s or 28s-1 show trummatic event, the Producel Exeminer must be notlined.	Completed	Elementary/Se		1													
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d of H	Be	17. Fether's Nem		·								e, Melden Sum	ame)				
Man Man	To		A. MASO						REVI	A MA	SON						
C/ 10 m is			Name/Reletionsh				19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)										
Health Health Sm 27		ALICE	MASON -	WIFE					, SLA	NESV	ILLE, W	V 254	44				
emit. Pages 1 er Pepertment of Hea mportant: if item 2 iny Injury or other Dice.	Н	20e. Method of D		3 Demoved Iron		20b. Plece of D cemetery,	lece of Disposition (Neme of emetery, cremetory or other plece)				Dete	20c. Locatio	n - City or	Town, Stete			
Pag nent nnt: H			5 Other (Sp.								-3-97	WINCH	ESTER	STER, VIRGINIA			
permit. Pages 1 end Depertment of Health Important: If Item 27 any Injury or other tr once.		21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility															
88118	0.00	CIVALILE TO PROPERTY															
		23e. Pert1. Ente	r the disease, or o	complications that	ceused the	deeth. Do no	t enter the mo	de of dvi	na. such es	CAI cerdiac	or respiretory	DGE, W	/ 26	/ 1 1 Approximete			
Physician		shock, or he	ert leilure. List o	nly one cause on	eech line.			,						Intervel Between Onset end Deeth			
/Medical		immediate Cause	e (Final	-11-0	CCILIA	o hear	61h d 6 m a = -							2 days			
Examiner		Due to (or es a consequence of):											2001/12				
	e											2	21015				
nsit a	in in			<b>b</b>		1.10	1	1 ) //	0 1 0	000		1/(-1/	1	00101)			
sand al-tra	Examiner	Sequentially list of eny, leading to ceuse. Enter Un- Ceuse (Diseese	conditions, immediate		Due	e to (or es e co	es e consequence of):										
Be buri	9	Ceuse (Diseese	derlying or Injury	C													
ifficate be executed physician and as the buriel-transit	ba	thet initiated events resulting in death) Lest Due to (or es e consequence ol):															
nat the deeth certificate be executed by the attending physician and latached for use as the bunal-transit	Physician/Medical			d													
of for u	ciar																
hat the de od by the s	ysi	Pert II. Other elgr	ificant condition	s contributing to	death but no	ot resulting in t	he underlying	cause gi	ven in Pert	I.		/					
d by	돈										1 🗆	Yes 2 N	0 3□P	robably 4 Unknow			

Division of Vital Records,

RONALD MASON

Be Completed by 25. Wes case relerred to medicel examiner?
1 ☑ Yes 2 ☐ No Certification: To 27. Manner of Deeth

To the Hospital or Attending Physician: The law requiras the within 24 hours after death.

To the Funeral Director: After this certificate has been signe completely filled in by the funeral director, page 2 should be After this certificate has been signe funeral director, page 2 should be or

3 Blk

Medicai

11600 Bla ford
31. Dete liled (Month, Day, Year) State Registrar

1 Naturel

2 ☐ Accident 3 ☐ Suicide

4 Homicide

29e. Certifier (Check only one)

29b. Signeture end title of certilier

28e. Dete of Injury (Month, Day Year)

July 31 9)

Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA

28b. Time of

28e. Plece ol Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number

1 Gertifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end mennar as steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end mennar stated.

28c. Injury et Work?

1 Yes

29d. Dete signed (Month, Day, Year)

281. Location (Street end Number or Rural Route Number, City or Town, Stete)

24e. Wes en eutopsy performed?

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

26. Piece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

24b. Were eutopsy lindings eveilable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

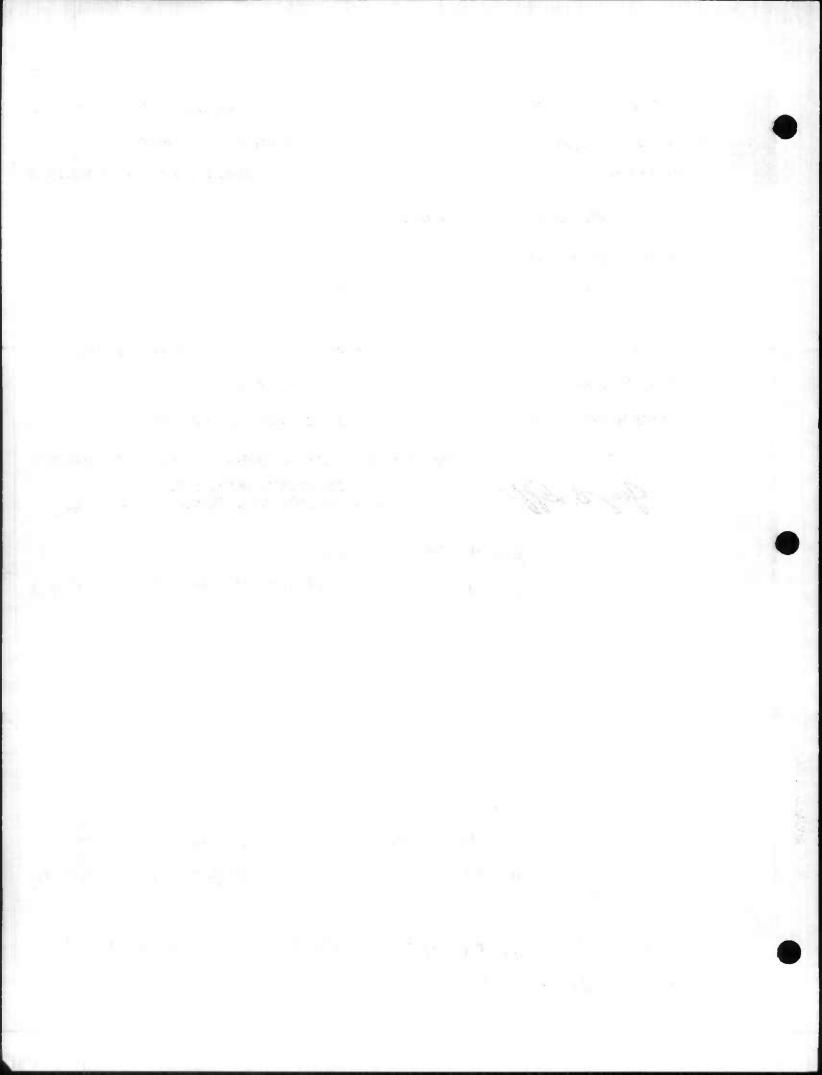
Skyerville WiVa

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

5 Pending Investigation

6 Could not be determined

32. Registrer's Signeture



State of Maryland / Department of Health and Mental Hygiene

25786

						Certific	cate of	Death				23700		
1			1. Decedent's Name (First, Middle, La.	st)						eeth	Veen	3. Tima of Deeth		
	Physici /Medi		WILHELMINA	ANOR NURSING HOME  See See 1 To Age (in year, and brimchap)  ANOR NURSING HOME  CUMBERLAND  10. City, Town or Location of Deeth  ALLEGANY  10. City, Town or Location of Deeth  ALLEGANY  10. City, Town or Location of Deeth  ALLEGANY  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  CUMBERLAND  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. Mary Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. City, Town or Location  10. Mary Location  10. City, Town or L										
	Examir		4e. Facility Nama (If not institution, give	a straet and number)				4b. City, Town, or I			of Death			
1			DEVLIN MANOR	NURSING H	HOME			CUMBER	LAND	ALL	EGAN	Y		
	Funeral					Mon			8. Dete of Bi	rth ev. Year)	9. Birth	pleca (Steta or Foreign		
e e	Director		214-03-4406	□ M 2 <b>X</b> 1 F	90	Yrs.								
	pud *		Usuel Residence of Decedant  10e. Slata 10b. County		10c City Tow	n or Location						10d Incide City Limits		
	Aaryte F sho	5	ATTECA											
	21215-0020  4 within 72 hours after death with the Maryland ifone. Then "natural", or items 23a or 28=4 show the Medical Examiner must be notified at	Director	MD ALLEGA  10e. Street and Number	INY	COMBI					10a Citizan of 1	Affront Cour	41		
			506 WHITE AVE			101		2				ntry r		
		Funeral	11. Marital Status	12. Was Decedent E	ver in U.S.	13. Was D			pecify Yas or Ne			can Indian.		
		Fun	1 ☐ Never Merried 2 ☐ Married	Armed Forcas?				Rican, atc.)	Blee					
020	urs a	by	3 XWidowed 4 ☐ Divorced	If Yas, Give		1 □ Ya	as 2 🗓 No	Specify:		Specify	/: W	WHITE		
21215-0020	72 hours after natural, or he	Completed	15. Decedant's Education 16a.				Usuei Occup	pation		16b. Kind of B	usiness/in	dustry		
21	Pin 7	pje	(Specify only highest gre Elementery/Secondery (0-12)	life. DO NO	it work dona OT use retire	during most of word)	king							
	filed within Hygiena. Wher than "	Son	12			SALE	SPERS	ON		RETAI	L JI	EWELRY		
nd	a de la la la la la la la la la la la la la	Be	17. Father's Neme (First, Middla, Last)					18. Mother's Nan	ne (First, Middle	, Meiden Sumen	10)			
Maryland	should be filed ind Mental Hygi marked other umatic event, I	2	RUSSELL E. S	SAUM				MARGAR	ET STU	JBER				
Jar	2 a a a		19a. informant's Neme/Reletionship (1											
	1 and Health em 27 ther tr			5 / DAUGH				MICO, S						
0	Pages 1 nent of Hi int: If Iten ary or oth		20e. Method of Disposition 1 □ Burial 2 ☑ Cremation 3 □	Removel from Stete	20b. Plece of cemeter	Disposition ry, cremetory	(Neme of or other ple	ce)	Dete	20c. Location -	City or To			
Pa Panti		4 ☐ Donetion 5 ☐ Other (Specify		SILBA	AUUGH	CREM	IATORY A	ug.8,1	.997 Un	iont	town,			
Baltimore,	Demit. Pag Department Important: I any Injury o		21 Signature of Funeral Service Licenses 22. Name and Addrass of Facility											
	00560		Lorm S.	Hope	The.	130	2 NAT	CIONAL H	WY., I	LAVALE,				
			23a. Part1, anter the disease or companies, or heart failure. Lift only	olications that caused to one cause on each line	ne death. Do	not enter the	mode of dyli	ng, such as cardied	or respiretory e	errest,		Approximete Intervel Between		
Physician /Medical Examiner			Immediate Cours (Circle									Onset and Death		
			Immediate Ceuse (Finel diseasa or condition resulting in deeth)	e. Car	ma	0	. Hver			į	month			
		10	Tooking in dooking				of):							
Т	pet nsit	mine		b							-			
_6	and and al-tra	xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury			i								
68760,	siciar buri		Cause (Disease or injury that initiated events	c										
	ficat phy s thu	PG.	rasulting in death) Last											
Box	nding use	2		d										
B	death e atte	icla	Pert II. Other significant conditions or	ontributing to death but	not resulting in	the underlyl	lna cause ai	ven in Pert I	23h Did	tobacco use co	ntribute t	o the cause of death?		
P.O.	by th	hys	0 +	11- 1	1 1									
	and se de		Conges we	Hent	Jane	noe				-/2-				
ord	en sig		U						24e. Wes	en eutopsy	24b. W	Were autopsy findings available prior to		
ပ္ပ	aw re is be 2 sh								pon	01111001	CC	empletion of cause		
Ě	The i	E							10	Yes 2 No	1	□Yes 2□No		
ī	lan: rtifice ctor, I		25. Was cese referred to medicel					26. Plece of Dee	th (Check only	one)				
>	is ce		axaminer? 1 ☐ Yes 2 No	Hospitel: 1   Inpatien	t 2□ER/Ou	tpatient 3	DOA Ott	ner: 4/2 Nursing H	oma 5□Res	idence 6 DOth	ar (Speci	fy)		
0	har th		27. Manner of Death  ↓ Neturel 5 Pending	28e. Dete of Injury (Month, Dey	28b. 1	Time of	28c. Injui Wo	ry at	how injury occur	ow Injury occurred				
0 0	endir eath. or: Al	atic	2 Accident investigation		M		Yes 2 □ No							
-	tar d fract fract	ŧ	3 Suicide 6 Could not be determined	28a. Place of Injur building, atc.	rm, street, fe	ctory, offica			on (Street and Number or Rural Routa Number, r Town, Stata)					
	urs al D		29a. Certifier  12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) end menner es steted.											
	Hosp 24 hor Fune itely fi	lica	Wedical Exam	iner: On the basis of e	xaminetion en	, deeth occur d/or investige	rred at the tie	me, dete end place plnion, deeth occu	and due to the red at the time,	ceuse(s) end me date and plece,	end due t	steted. o the ceuse(s)		
	ithin ithin ithe mpla	Med	29b. Signeture and title of certilier	end manner stete		29c. Licens		т.	29d. Dete signed (Month, Day, Year)					
				Some			3280		A					
			30 Name and address of passes in the	omnisted source of de-	Time Direct	1/7	7-10		Angus	August 8, 1947				
,	he Hospital or Attending Physician: The law requires that the death certificate be associated in 24 hours after death. In 24 hours after death. In 24 hours after death. In 24 hours after death. In 25 hours after death. In		30. Name and address of person wh∯ completed cause of death (Item 23e) (Type, Print)  SUNIL GUPTA, MD 625 KENT AVE. CUMBERLAND, MD 21502											
	Sta	te	31. Date filed (Month, Dey, Year)	20 Hamleton	a Clanatura		0 0111		2					
			AUG 1 1997 And Market Rendell											

State of Maryland / Department of Health and Mental Hygiene 97 25787

			1. Decedant's Nema (First, Middle, Last)  Reg. No.  2. Data of Death 3. Time of Death 3. Time of Death																
Physicia			Decedant's Nema (First, Middle, Last)     THELMA RUTH MILLER													ay Yaar 3. Tima of			a of Death
Physician /Medical Examiner			THELMA						AUGUST		, 19		9:	16 PM					
		-	A. Frankling blanca (March trade) along the second of the									4b. City, To		Location of Death 4c. Cou			ounty of Death LEGANY		
Fune Direc			5. Social Security P 218-24	6. Sax 1 ☐ M	ax  Maga (In yrs. last birthday)  6 7 Yrs.  Aga (In yrs. last birthday)  Months					ar 1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Birth (Month, Dey OCT 21,	Year)	29	9. Birthple Count PENN	9. Birthplace (State or F Country) PENNSYLVAN		
2		-	Usual Rasidance o																
filed within 72 hours aftar death with the Maryland Hyglene. ther than "naturel", or fleme 23a or 23a-f ahow ont, the Medical Evanting must be notified at	Tied at	ctor	PA	10b. County BEDF	ORD	10c. City, Town or Location HYNDMAN						10d. Insida C 1 ☐ Yas					la City Limit Yas 200 N		
	200	al Director	P. O. B			10f. Zip Coda 155					ip Coda 1554	5			-	0g. Citizan of What Country? USA			
	9	Funeral	11. Marital Status	s		Was Dec	cedant E	var in U,S. 13. Was Decedant			edant of H	lispanic On	igln? (Sp	ecity Yas or No-	1		e - Amarica		n,
	Examina	P	1 ☐ Navar Man 3 ঐ Widowed	riad 2 Marrie	ed	Armed Forcas? 1 ☐ Yas ②∑No If Yas, Giva Yaar or Datas:					las Decedant of Hispanic Origin? (Spe Yas, specify Cuban, Maxican, Puarto Yas 2 XNo Specify:			Rican, atc.)		Specify.	ok, Whita, a		
"natural",	100	pete	15. Decedant's Ed (Specify only highest gra- Elamantary/Secondary (0-12)			ucation 16 da completed) Collaga (1-4or 5+)			6a. Dece	ient's Us	ual Occup	ation	t of work	ina	16b. Kir	nd of Bu	usinass/Indi	ustry	
piene.	N SI	Completed							Sa. Decedent's Usual Occupation (Giva kind of work done during most of work life. DO NOT use retired) WAITRESS						RESTAURANT				
dai o	2	To Be	17. Fathar's Nama OTTO T.									ma (First, Middle, Meiden Surname) M. CLITES							
permit. Peges 1 and 2 should be Department of Hebrit and Mental Important: If Hem 27 is marked or any injury or other traumatic evo	nan n		19a. Informant'a N EMMOGEN		ype, Print) 19b. Mailing Addrass (S DAUGHTER 12403 GAMI									mber, City or Town, State, Zip Code)  MD 21502					
	5			•		20b. Place of Disposition (Name of cemetery, crematory or other place)							Data	20c. Location - City or Town, Stata HYNDMAN, PA 15545					
	SUCE.		21. Signature of Funarai Sany Control 22. Nama and Address of Facility HARVEY H. ZEIGLER FUNERAL HOME																
nysici	lan	11	P. O. BOX 636, HYNDMAN, PA 15545  23a. Part 1. Enter the disease or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or hint if the List duly one cause on each line.  Approximation of the complete of the											Batween					
/Medic	cai	1	Immediate Cause disaasa or conditto rasulting in deeth)	(Finat	a	ARTERIOSCLEROTIC HEART DISEASE UNK YEARS													
14		ner	rasumy in obstry			Due to (or as a consequance of):													
ian and		Examiner	Sequantially list co if any, laeding to in causa, Ellar Unde	b. –	b. Due to (or es a consequance of):														
nding physician and	20 00 00	n/Medical	Causa (Disaasa or that initiated avant resulting in daath)	s Last	c	Dua to (or as a consequence of):													
itter for i		clan	Part II Other signi	ficant condition	e contrib	ontributing to death but not rasulting in the underlying cause given in Part I.								23b. Did tobacco use contribute to the cause of death					
ad be	9 ]	Phy													1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 💆 Ui				
as been sign	5 .	Completed by		24a. Was an autopsy performed? 24b. Wara autopsy availabla prompletion of death?			ior to												
- 0	200	E O												1 🗆 Y	as 2X	O No	1 🗆	Yas	2□ No
	5	Be	25. Was casa refa	rred to medical								26. Pleca	a of Deat	h (Check only or	10)				
ils carl		0	1 X Yas 2□	] No	Hos	Hospital: 1   Inpetiant 2 Nursing Homa 5   Rasidance 6   Other (Specify)													
Attending Physician: redeath. ector: After this cartific by the funaral director.	5		27. Mennar of Deeth 1 ☑ Natural 5 ☐ Pending 2 ☐ Accidant investigation			28a. Deta of tnjury (Month, Day Year) 28b. Tima of Vork? 28d. Injury at Work?						28d. Dascribe h	d. Dascribe how Injury occurred						
24 hours after deat Funeral Director: taly filled in by the		Certification:	3 ☐ Suicida 4 ☐ Homicida	ot be	28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, State)								
within 24 hours after death To the Funeral Director: complataly filled in by the		edical	29a. Certifier (Check only one)	1 Certifying 2 Madical E	Physici	an: To the On the b and man	esis of a	axamination	ga, death and/or inv	occurred astigatio	at tha tin	ne, dete en pinion, dea	d place, th occurr	end dua to tha c ed et tha time, d	ausa(s) lata and	and mai	nnar as sta and due to	ited. the cau	sa(s)
within 2 To the I			29b. Signatura and	29c. Licansa number						29d. Data s			signed (Month, Day, Year)						
6			30. Name and addr	ass of person w	tho comp			Med Ex		Print)	D09	157	.57 AT			AUGUST 10, 1997			
1265			PAUL S	NOW, M.	D.,	124	W 3	rd Sti	eet,	Cum	berl	and,	MD	21502					
	State	е	31. Data filed (Mon	tri, Day Year	61	· 16	nequatrar	's Signatura	,										

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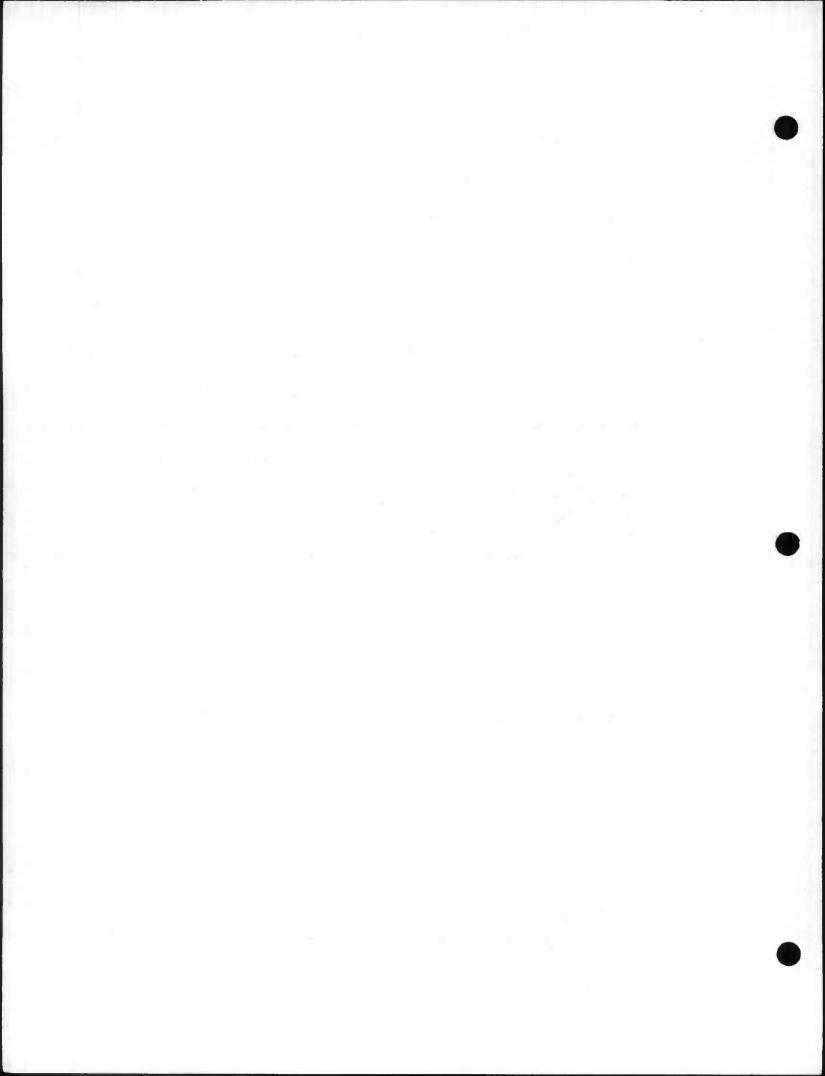
State of Maryland / Department of Health and Mental Hygiene 25788 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day 1997 Yaar **Physician** Rov Morral Aug 11 7:30PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 12017 Messick Rd SE Cumberland Allegany If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5 Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** 1**√** M 2□ F 220-10-9066 Yrs Director 78 PA NOV. 6, 1918 Usuel Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at MARYLAND ALLEGANY CUMBERLAND 1X Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 12017 MESSICK ROAD SE 21502 USA daath 7 is marked other than "natural", or items traumatic event, ire Medical Examiner ma 12. Was Decedant Evar in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: WWII Was Decadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indian, Black, White, etc. permit. Pegas 1 and 2 should be filed within 72 hours eftar c Department of Haaith and Mental lygiene. Important: if item 27 is marked other than "natural", or iten any injury or other traumatic event, it a Mosical Examinas 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: ð Specify: 3 Midowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Spacify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HEAVY EQUIPMENT OPERATOR CONSTRUCTION 6 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Malden Surnama) MARVIN MORRAL LONA KETTERMAN 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) WADE MORRAL/NEPHEW 13906 AUTUMN DRIVE, CUMBERLAND, MD 21502 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State HILLCREST BURIAL PARK 8/14 CUMBERLAND, MD 4 ☐ Donation 5 ☐ Other (Specify) 21 Signature of Funeral Service Licensee D 22. Name and Address of Facility HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY., LAV LAVALE, MD 21502 Approximata Interval Between Onsat and Death **Physician** /Medical Immediete Ceuse (Final Coronary artery heart disease uk yrs disaase or condition resulting in death) Examiner Due to (or as a consequence of): Examiner and -trans Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): physician at s the buriel-t P.O. Box 68760. Physician/Medical the Due to (or as a consequence of) attanding for usa es the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? been signed by t should be datach Yes 2 No 3 Probably 4 Unknown COPD secondary to tobacco abuse þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? s certificeta has l 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Yes 2 No Hospital: Other: 4 Nursing Homa Rasidanca 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatiant 3 DOA funeral 28a. Date of Injury (Month, Day Year) 27. Megner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Natural 2 Accident 5 Pending Hospital or Attending 24 hours efter death.
Funeral Director: After 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 5 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Dey, Year) Aug 11 1997 30b. Signature and title of cert 29c. License number Dpty Med Ex D 09157 Name and address of person who completed cause of deeth (Item 23e) (Type, Print) MS Paul Snow, M.D. 124 w 3rd st Cumb MD 21502 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

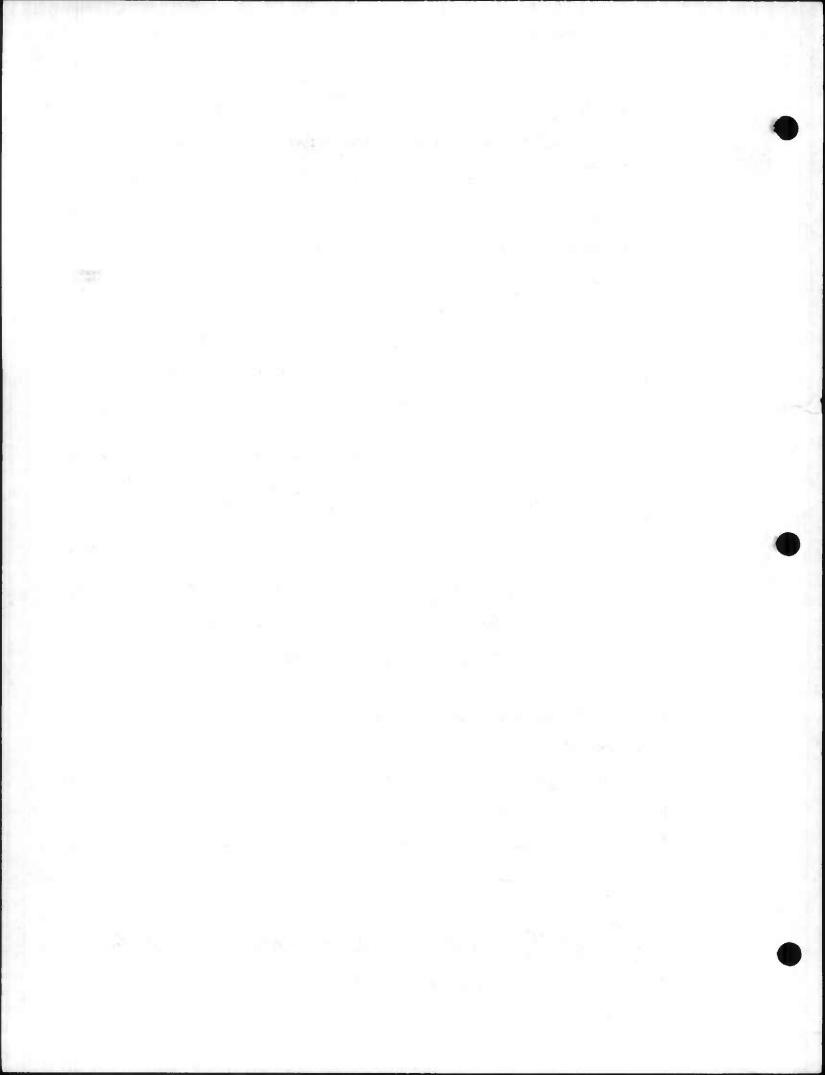
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State of Maryland / Department of Health and Mental Hygiene 97 25790

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Shoul Man	To	19e. Informent's Neme/Reletionship	(Type, Print)	19b Meiling A	ddress (Street	end Number or Rure			State Zin	Code)
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Physici /Medic Examir	cal ner	Immediate Cause (Finel disease or condition resulting in death)	WETHSTA		COLO				10	Onset and Death
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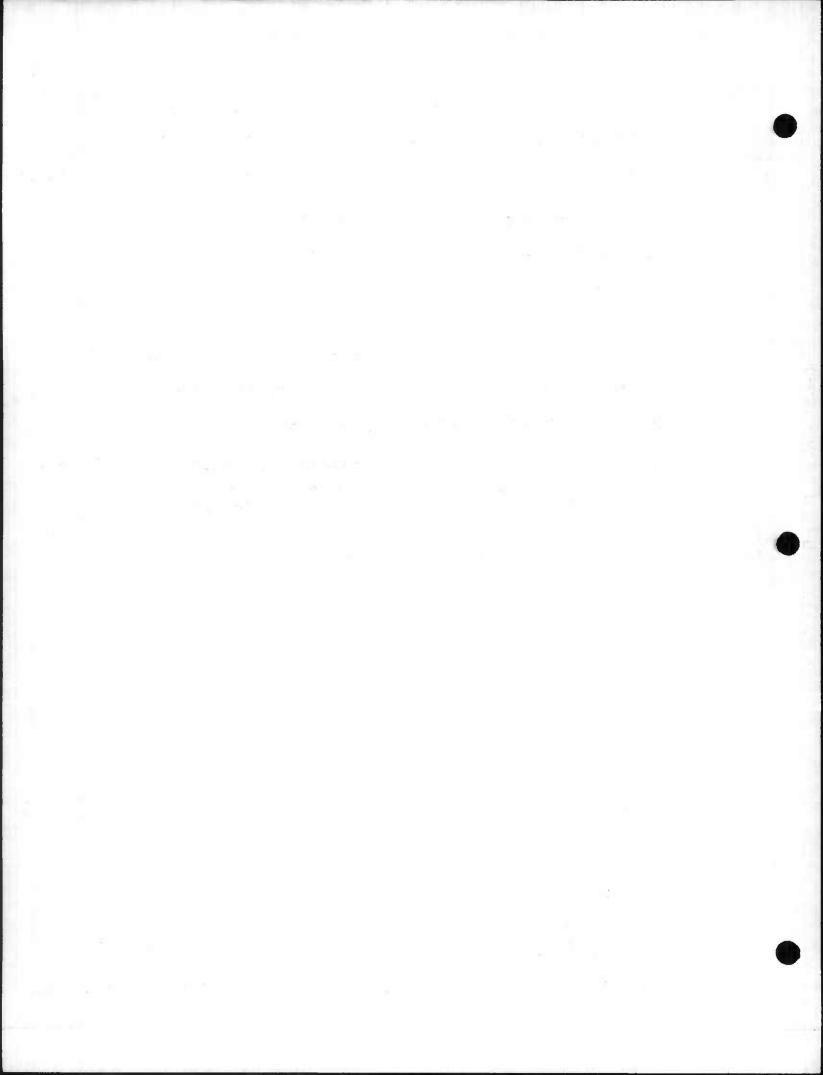
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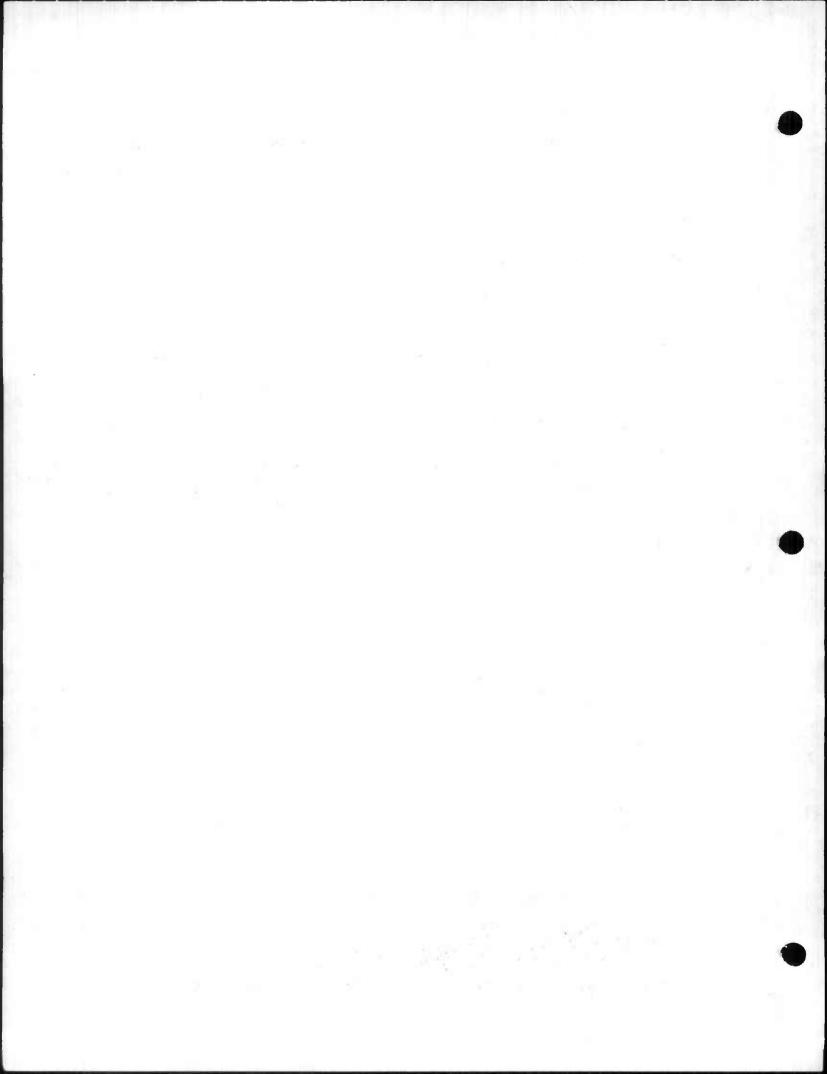
State of Maryland / Department of Health and Mental Hygiene 25792 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Yaar Ruth R. Norsving August 7, 1997 8:25 A.M. /Medicai 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care-Bethesda Bethesda Montgomery 5. Social Sacurity Number if Under 1 Yaar If Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata of Country) March 25,1907 Minnesota 7. Aga (In yrs. last birthday) **Funeral**  Birthplaca (Stata or Foreign Country) Deys 1 ☐ M 2 🛛 F Yrs Director 472-30-0708 90 Usuel Rasidanca of Dacadant the Maryland 10e. Stata 10b. County 10c. City, Town or Location "natural", or Items 23s or 28s-f show local Examiner must be notified at 10d. Insida City Limits Director 1 X Yas 2 □ No Maryland Montgomery Rockville 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? with 199 Rollins Avenue, #403 by Funeral 20852 filed within 72 hours after death United States 12. Was Decedant Evar in U.S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Nevar Merriad 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: 21215-0020 1 ☐ Yas 2 No 3XXWidowed 4 □ Divorced Specify: White Completed permit. Pages 1 and 2 should be filed within 72 h. Depurtment of Health and Mental hygiana. Important: If Itam 27 is marked other than "naturant in proceedings of the process." 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Baltimore, Maryland 2' 10 Salesperson Retail 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Peter P. Tanberg Julia Erickson 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ramona N. Bjorson/Daughter 1115 Broadwood Drive, Rockville, Maryland 20b. Place of Disposition (Nama of commatary, cramatory or other place) August 9,1997 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2X Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Spacify) Montgomery Crematorium, Inc. Bethesda, Maryland of Funeral Service Lice 22. Name end Addrass of Fecility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause of aech line. 20850-2805 **Physician** /Medical Immadiata Causa (Final disaasa or conditior rasulting in daath) Myocardial Infarction **Examiner** Dua to (or as a consequance of): Examiner Hypertension The law requires that the death certificate be executed Sequantially list conditions, if any, faeding to immadieta causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Bud the bunal-tran Dua to (or as a consequance of): Division of Vital Records, P.O. Box 68760, attending physiclan for use as the buna Arteriosclerosis Physician/Medical Due to (or es a consequança of): signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by been si 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? has this certificata 1 Yas 2 No 1 ☐ Yas 2 ☒ No or Attending Physician: after death.

Director: After this certifica Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) Other: 45 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding invastigation 1 Tas 2 No 2 Accident in by the 6 Could not be datarminad 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 3 Sulcida 28a. Place of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled it 29a. Cartifiar (Check only one) 📸 Certifying Physicfan: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad. Medical 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end plece, and due to the ceusa(s) and manner stated 29b. Signature and title of celegion 29c. Licanse number 29d. Dete signed (Month, Day, Year) 10 D10242 August 7, 1997 30. Nama and address of person who completed causa of daath (Item 23a) (Type, emb) Shapiro, M.D. 5225 Pooks Hill Road, #1, Bethesda, Maryland Morton W.

32. Registare Signature

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Day Month Yaar **Physician** Barbara J. Nicholson August 10, 1997 3:30 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Carriage Hill-Bethesda Bethesda Montgomery If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□M 2FIF Months Yrs. 133-16-8349 77 Director Jan. 26, 1920 New Jersey Usual Rasidance of Dacadant 10a Steta 10h County 10c. City, Town or Location 10d. Insida City Limits The Maryta 25a-f show the Medical Examiner must be notified at 1 ☐ Yas 21 No Directo Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Berns 23a or 8504 Hempstead Avenue 20817 United States Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 72 hours after 1 □ Navar Married 2 □ Married \*Baltimore, Maryland 21215-0020 ŏ 1 Yes 2 No Specify: þ Specify: White 3 Widowad 4 □ Divorcad "natural". Completed 15. Dacedent's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Specify only highast grada complated) filed within Elamantary/Secondary (0-12) than College (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygien Important: If them 27 is marked other the any hibrry or other traumatic event, the once. Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Surnama) Be Harry H. Casey Sarah Nicholson 0 19a. Informant's Name/Reletionship (Typa, Print) 19b. Malling Address (Straat end Number or Rural Route Number, City or Town, Stata, Zip Code) Paul M. Irwin/Friend 8502 Hempstead Avenue, Bethesda, MD 20b. Place of Disposition (Nama of camatary, cramatory or other place) August 12, 1997 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Spacify) Montgomery Crematorium, Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/Bethesda-Chevy 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 21. Signature of Funarai Sarvice Licensea M00198 23a. Part1. Enter Ma disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata ntarval Batween Onset and Death **Physician** /Medical Immediata Causa (Finai Cancer Esophagus 5 months disaasa or condition rasulting in daeth) Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, laading to immadiata ceuse. Entar Undarlying Causa (Disaase or Injury the initiated avants rasulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): USB BS atten for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Pneumonia 1 ☐ Yee 2 1 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to complation of ceusa of deeth? Completed Chronic Obstructive Pulmonary Disease 24a. Was an autopsy performed? has page certificate 1 Yas 2 No 1 ☐ Yas 2 PNo To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to 25. Was cesa referred to medice Be 26. Place of Deeth (Chack only ona) Other: 41 Nursing Home 5 Rasidance 6 Other (Specify) 0 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Deta of injury (Month, Day Year) 27. Mennar of Death Medical Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Netural 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 4 Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date end piece, and due to the ceusa(s) and mannar as stated.

| Madical Examiner: On the basis of axamination and/or investigetion, in my opinion, daath occurred at the time, date and piece, and due to the cause(s) and mannar stated. 29a. Certifier (Check only 29b. Signature and title of certified 29c. Licansa number 29d. Data signed (Month, Day, Year) D07471 August 11, 1997 244> d ceusa of daath (Itam 23a) (Type, Print) 30. Nama and address of person who co Paul T. Noone, M.D. 50 West Edmonston Drive, Rockville, Maryland 32. Ragistrar's Signatura 31. Deta filed (Month State Mandelle Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 97 25794

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п	Physic	ian	Decedent's Name (First, Michael Control of the	ddle, Las	st)							2. Dete of E	Deeth Day	Year	3. Tim	e of Death
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	Exami		4e. Facility Name (If not institut	ion, give	e street end n	umber)				4b. City, Town	n, or Loc	ation of Dea	ath 4c. Cour	nty of Deeth		
L			13103 Marigol	d La	ine					ilver		ing	Mor	tgome	ry	
	Funeral		5. Social Security Number	6. S	ex □M 2D <b>X</b> F	7. Age (In )	yrs. lest birthdey		Year Days	if Under 24 Hours	Hrs.	8. Date of E (Month, L	Birth Dev. Yeer)	9. Birth	piace (Ste	ete or Foreign
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	sho	5				100.										e City Limits Yes 2 No
	the N	Director	Maryland Mor	rtgo	mery		Silver	Spring								2 2 20110
	With page							10f. Zip C					10g. Citizen o		ntry?	
	be filed within 72 hours after death with the Maryland ral Hygiene. d other than "natural", or items 23a or 28a-f show event, the Modical Examinet must be notified at	Funeral	13103 Marigolo	l La			11.0	209					Thai			
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Registrar

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificat	e of	Death			Reg. No.			~ V	130
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	Exami		4a. Facility Name (If not institution,	giva streat and numbe	er)				4b. City, To	wn, or L	ocation of Dea	ith 4c.	County	of Death		
Ĺ			SHADY GROVE	ADVENTIST	HOSPITA	AL			ROCI	WIL	LE	MO	NIG	OMERY		
	Funeral			6. Sax · 7. / 1 ☑ M 2 ☐ F	Age (In yrs. las		If Under Months			24 Hrs. Min.	8. Dala of E (Month, L	lirth Day, Year)		9. Birthple Countr	ca (State	e or Foraign
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Division	f or Attending after death. Director: After in by the funa	ifica	3 ☐ Suicida 6 ☐ Could no	ot be 28a. Place of I	njury - At home	a, farm, str	raat, factory	, office			28f. Location			r or Rural i	Route No	ımber,
ă	s aftar il Direct	Certification:	4 ☐ Homicida	building,	atc. (Specify)						City or I	own, Stete)				
	To the Mospital or Attending Ph within 24 hours aftar death. To the Funeral Director: After th completely filled in by the funaral	edicai	29a. Certifier Certifying 2 Madical E	Physician: To the bes	of examinetion	dga, daath end/or in	n occurred vastigation	at tha tie	ma, date en opinion, daa	d place, th occur	and due to the	a ceuse(s) , data and	and men place, ar	ner es ste nd dua to t	ted. ha cause	a(s)
	To the Within ? To the comple	Mec	29b. Signature and title of pertifier	and manner	orarau.	1	290	. Licans	sa number			29d. Date	signed	(Month, D	ay, Year	)
				M 500	MAYC	ICII	AN I	YL	177	2=	3	AMGIL	ST	10 10	10-	7
'	D		30. Name and eddress of person w	two completed cause of	daeth (Item 23	Be) (Type	Print)	)	1 /			0.00		0 -		
	CA	10	CHARLES.	H. OBIE	HA M	11D	, 114	HU 0	ROC	CKV	ILLE	TKE,	#10	8, Ro	)CKV	ille Mi
	Sta Registr	-	AUG 13	1997	chia Devido	ion-R	ndelle									

State of Maryland / Department of Health and Mental Hygiene

25796 Certificate of Death 2. Data of Deeth 1. Decedent's Nama (First, Middle, Last) 3. Time of Death **Physician** Frank Pedone JOSEPH August 1:43 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Genesis ElderCare -The Pines Talbot Easton 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Months | Devs | Hours | Min. | (Month, Day, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** 11XM 2□ F Yrs. 213-05-4791 89 APR.14,1908 Director MARYLAND Usuai Residence of Decedant 10e Stete 10b. County 10c. City. Town or Location 10d. inside City Limits d other than "netural", or items 23s or 28s-f show event, the Medical Examinar must be notified at MD TALBOT EASTON Director 1MYes 2□No 10e Street and Number 10f Zin Code 10g. Citizen of What Country? 21 LYNNBROOK COURT 21601 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Dates: 14. Race - American indien, Black, Whita, atc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 Nevar Married 2 Merried Saltimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: WHITE p 3 X Xidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) Collega (1-4or 5+) pemil. Peges 1 and 2 should be filed with Department of Health and Mental Hygien, important; if Item 27 is marked other trains any injury or other traumette. MANAGER GROCERY STORE 18. Mother's Nema (First, Middle, Maiden Surname) 17. Fethar's Nema (First, Middle, Last) PHILIP PEDONE ROSALIA CHIARAMONTE 19e. Informent's Neme/Raietionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21 LYNNBROOK CT., EASTON, MD 21601 MARGARET FRILLARTE 20b. Plece of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Commation 3 ☐ Removel from State 4 ☐ Donetlon 5 ☐ Other (Specify) CHESAPEAKE CREMATION 8-13 CENTER, L.L.C.
22. Nama and Address of Fecility CHESTER, MD 21. Signature of Funeral Service License FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME aum 200 S. HARRISON ST., EASTON, MD 21601 23a. Part1. Entar the disease, or compileations that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest shock, or heart feiture. List only one cause on each line. Approximate intervei Between Onset and Deeth **Physician** immediete Ceuse (Finel disaesa or condition resulting in death) /Medical e. CEREBROVAS CULAR
Due to (or es e consequence of): **Examiner** Examiner G-ASTROINTESTINAL The lew requires that the death certificate be executed attending physician and for use as the burial-tran Sequentially list conditions, if any, laeding to immediata cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest PERTENSION Box 68760, Physician/Medical Due to (or es a consequence of) P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 4 Unknown DEMENTIA Records, 2 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to complation of cause of death? Completed 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p. Be 25. Was case referred to medical 28. Piace of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 27. Menner of Death 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 De Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 □ Suinide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my imporfedge, deeth occurred et the time, dete end piece, and due to the cause(s) end manner as stated.

2 Medical Examples: On the basis of examples for investigation, in my opinion, deeth occurred at the time, dete and piace, and due to the cause(s) and menner stated. edical 29e. Certifiar one) 29b. Signatura and title of certifie 29c. License number 29d. Date signed, (Month, Day, Year) 30. Name end address of purson who completed cause of deeth (item 23a) (Type, Print) MAKAS, DO 50 32. Registrar's Signatura 508 IDLEWILD AUE, EASTON, MD 2160/ E, DANIEL 31. Dete filed (Month, Day, Year) State Suna Davidson AUG 13 Registrar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amend #7, 8/15/97, BMW, Montg. Co 1. Decedent's Name (First, Middle, Last) 2. Date of Death Physician Month 08 1997 /Medical de Facility Name (If net Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Elder care Duy alnesis Billus spring, mi Mont if Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Day, Year)
Apr. 11, 1908

8. Birthpiace (State or Foreign Country)
New York 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Daya Hours 1 □ M 2 🖾 F 99 Yrs. Director 065-07-1794 Usual Residence of Decedent the Marylenc 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☑ Yes 2 ☐ No Maryland Montgomery Silver Spring Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1316 Fenwick Lane, #714 20910 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health end Mental thygiene. Introductant: If them 27 is marked other than "natural", or then any Injury or other traumetic avant. Black. White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2X No þ Specify. 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Own Home 12 Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Theodora Eckoff Edward J. Brummer 0 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2400 Sugarberry Court, Reston, Virginia 20191 Tobey Milne / Daughter 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 8/14/97 Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Fort Kincoln Crematory 21. Signature of Funeral Sacrice Licen 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland Part 1. Enter the disease, or complications that aused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** ONE WEEK PNEUMOL /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or es a consequence of) iclan end burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): physician sthe burial Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? the detached 3 Probably Unknown EHYDRATION 1 Yes 2 No þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopay performed? Deen has certificate 1 Yes 2 No 1 □ Yes 2 □ No Division of VItal To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certified 25. Was case referred to medical examiner? 80 26. Place of Death (Check only one) 1 ☐ Yes 2☐ No 27. Manner of Death Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. injury at Work? 1 Naturai 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Sulcide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29c. License number

13018 GEORGIANE WHEADN, MD 20906

29d. Date aigned (Month, Day, Year) AUGUST THURTEN 1997

State Registrar

Medical

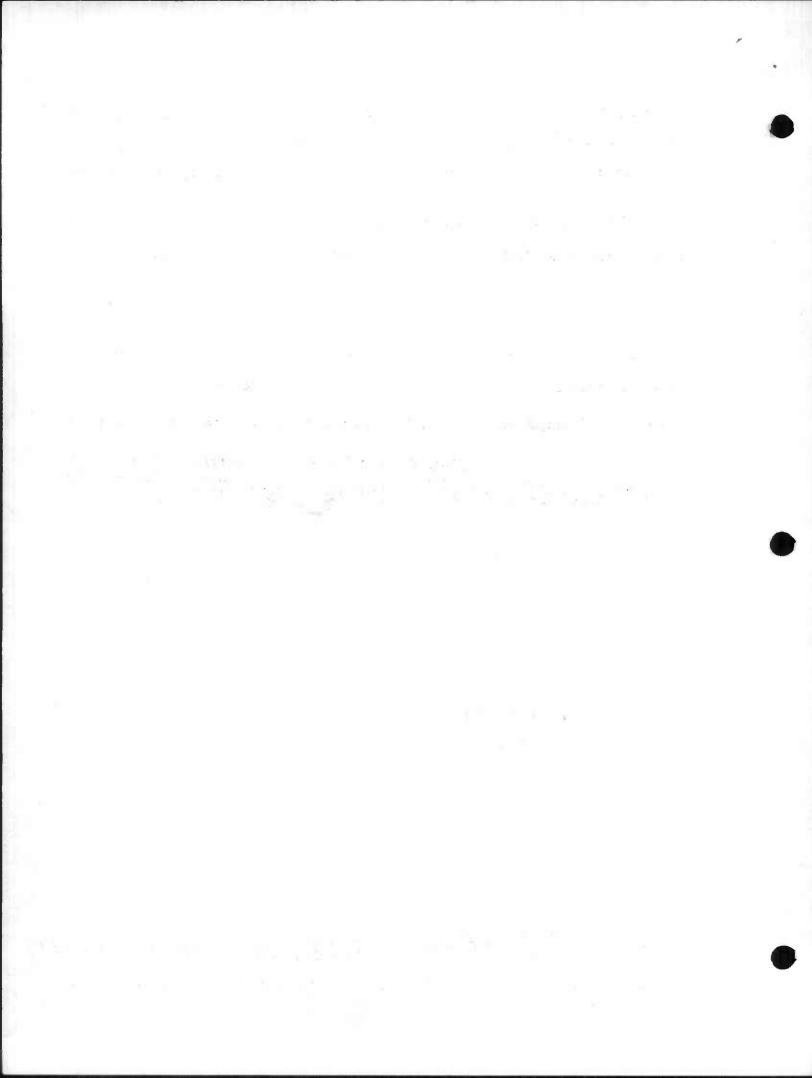
29a. Certifier (Check only one)

29b. Signature and title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

Fulla Davidson



State of Maryland / Department of Health and Mental Hygiene

25798

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** PAUL ELEANOR HAYWARD 1997 4:00 PM 8 AUGUST /Medical 4a. Facility Name (If not institution, giva street end number) 4c. County of Death
MONTGOMERY 4b. City, Town, or Location of Death Examiner LAYTONSVILLE (HOME COVE 2) 7320 ROCKY ROAD 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) JAN. 12,1915 6. Sex 9. Birthplaca (Stata or Foreign Funeral 201 03 3528 1 M 2 KF Months Days Hours PENNSYL VAN I A Director Usual Residence of Decadent death with the Maryland 10b. County 10c. City, Town or Location an "natural", or items 23s or 28s-f show Medical Examinat must be notified at 10d. Inside City Limits MD. MONTGOMERY LAYTONSVILLE Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7320 ROCKY ROAD 20882 UNITED STATES Funeral 11. Marital Status 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 Yes 25 No Specify: Specify: Completed by 3 M Widowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) . Pages 1 and 2 should be fill ment of Health end Mental Hant: If Item 27 Is marked oth lury or other traumatic even Be TRBY ADAMS HAYWARD HATTIE HELEN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) C. HAYWARD PAUL, 10855 MEADOWLAND DRIVE, OAKTON, VA. 22124 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2. Cremation 3 ☐ Removal from State permit. Page Depertment of Important: If any Injury or once. METROPOLITAN CREMATORY 8/9/97 75 ☐ Other (Specify) ALEXANDRIA, VA. Ineral Service Licensee MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dylng, such as cardiac or respiratory arrast, shock, or heer failure. List only one ceuse on each line. **Physician** Cardiac arrest

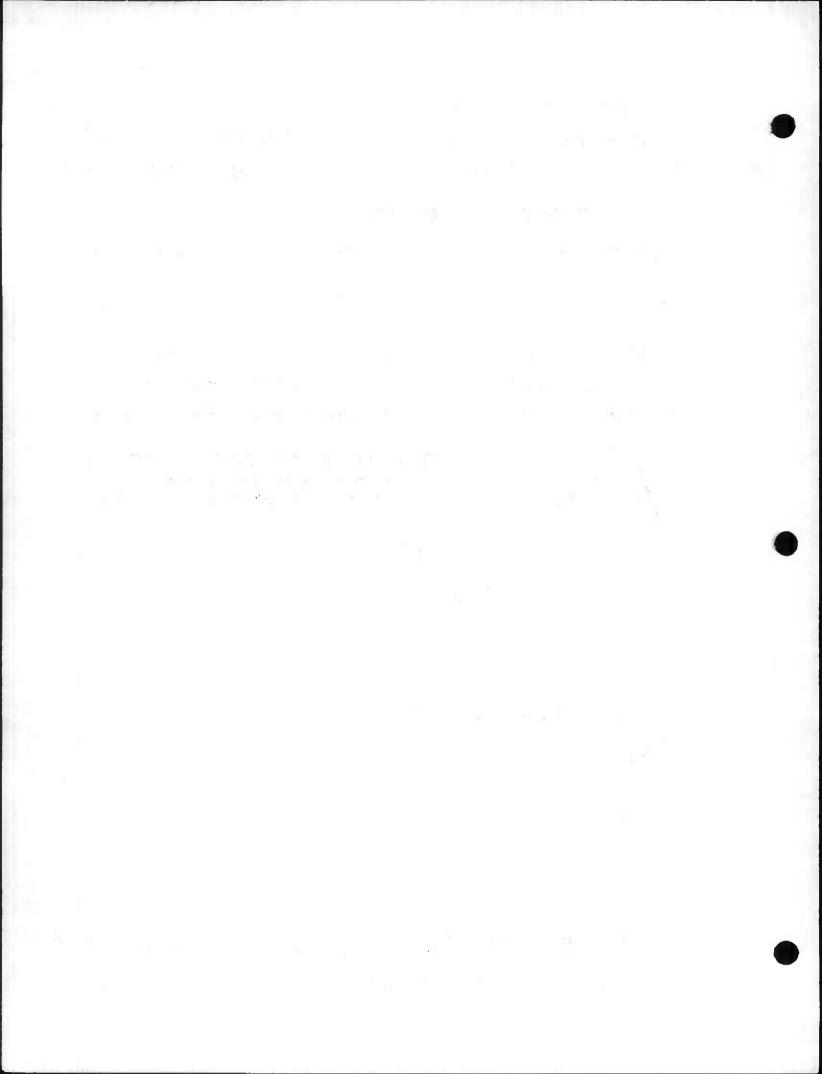
Due to (or as e consequenca of):

Conflictive Heart Failure /Medical Immediate Cause (Final Mirute disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avents resulting in deeth) Last P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Cheneralized edema 1 | Yes 2 | No 3 | Probably 4 | Unknown Records, Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital Hospital or Attending Physician: 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 28a. Date of Injury (Month, Day Yeer) 27. Manner of Death 28d. Describa how Injury occurred 28c. Injury at Work? After 5 Pending Investigation 1 X Natural To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the function of the function 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide edical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) end menner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of certifiar 29c. Licansa number 29d. Date signed (Month, Dey, Year) Sangerta Sind Ste, M.D. D 50276 August 15 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) SANGEETA SIMLOTENO., 17904 GEORGIA AVE #304. OLNEY MD 20832 32. Registrar's Signature

DHMH 16 Rev 6/95

State Registrar



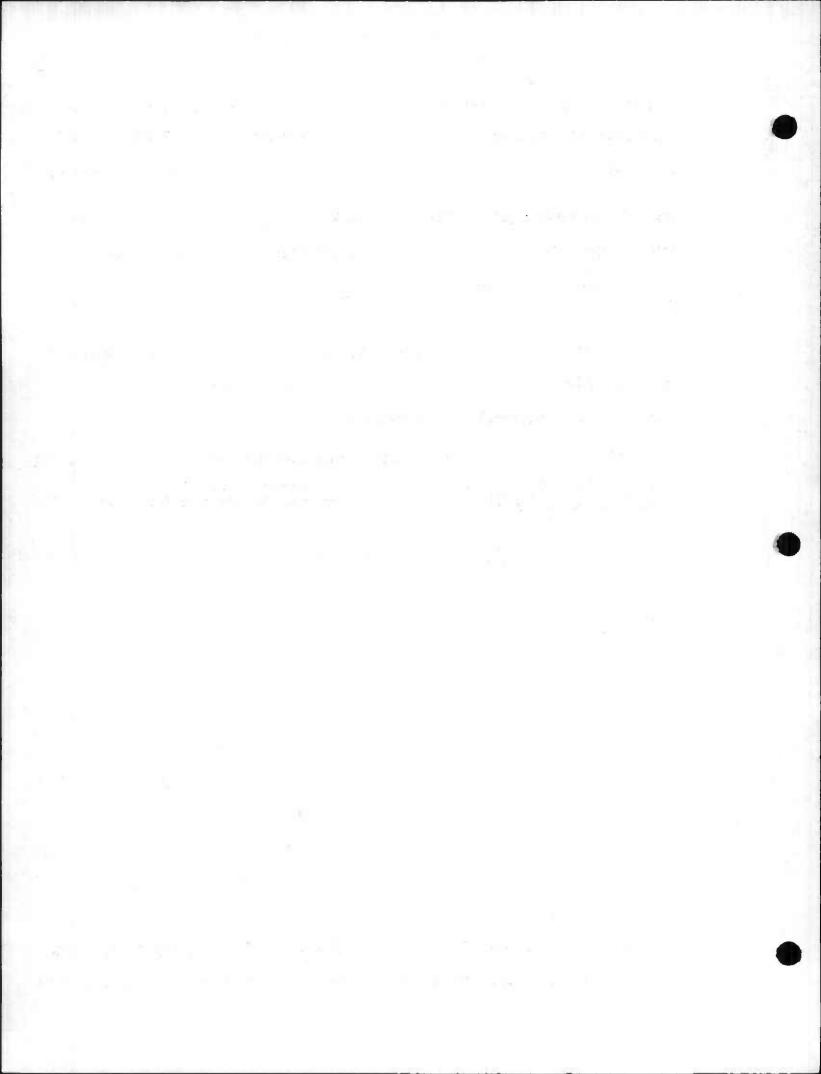
State of Maryland / Department of Health and Mental Hygiene 97 25799

_		_	A.B. J. H. M. Gert L. Add.			Ce	ertificate	of Dea	th		Reg. No.		- 0	1 2 2
	Physic /Medi		1. Decedent's Nama (First, Midd Ruth Ky		Patte	rson				2. Data of Do Month Augus	Day	99 <sup>Year</sup>		ma of Death
	Exami	ner	4a. Facility Nama (II not institution Hillhaven Nu	n, giva street and Sing Hor	number) <b>ne</b>				Town, or Lo	ocation of Dear		nty of Deatl		je's
	Funeral Director		5. Social Sacurity Number 041–20–6924	6. Sex 1 ☐ M XX	_	rs. last birthday 76 Yrs.		ear If Uni	der 24 Hrs. rs Min.	8. Data of Bi (Month, D Oct • 4	rth ay, Yaar) , 1920	9. Birth Con	hplaca (Si untry) necti	tata or Foraign
	Maryland H show	tor	Usual Rasidance of Dacedant  10a. State 10b. County  Maryland Prince	ce George		City, Town or L Univers	ocation ity Par	k						da City Limits Yas 2□ No
	3a or 28	al Direc	10e. Street and Number 4410 Van Burer	n Street			10f. Zip Co	ja 782–1	121		10g. Citizan d		,	
020	72 hours after death with the Maryland natural; or items 23s or 28s-f show ocal Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Navar Married 2 □ Mar  3 ▼ Widowad 4 □ Divorced	ried 1 TYas,	Decedant Ever in the Forces?  as XX No. Giva or Datas:	1 U,S. 13.	Was Decedant If Yas, specify	Suban, Max	can, Puarto	ecify Yas or No Rican, atc.)		ace - Amai lack, White		
21215-0020	n 72 hours "natural",	Completed	15. Dacedar (Specify only highs	nt's Education st greda complate	ed)	16a. Dece	edent's Usual O	ccupation ona during n	nost of work	ing	16b. Kind of			
1	filed within Hygiene. ther than	dmo	Elamantary/Secondary (0-12)	T	a (1-4or 5+)	life.	DO NOT usa re	tired)			State	of N	/arv1	and
alla		To Be Co	17. Fathar's Name (First, Middla, Kirk S. Kyle		·	5001	ar nork	18. Mo	other's Nama	_	, Maidan Sum		laryı	.and
Maryland	and 2 should be saith and Mental n 27 la marked o er traumatic eve	-	19e. Informant's Name/Ralations Mary P. Wagner	ship (Type, Print) C (Daught	ter)		Ing Address (St e as #1		mber or Run	al Routa Numb	per, City or Tow	m, Stata, Z	ip Code)	
Baitimore,	permit. Pagas 1 and Department of Haaith Important: If Item 27 I any Injury or other tr ottes.		20a. Mathod of Disposition  1  Burial 2 Cramation  4  Donation 5 Other (5		om Ctota	cematary, cra	osition (Nama o matory or other litan C	place)	rv 8/	Data	20c. Location			
Dall	pemit. Page Department Important: If any Injury or once.		21. Signature of Funaral Service		March	3	2 Name and A Donald 400 Powe	dress of Fa	gward	t Fune	ral Hom	e, P.	Α.	
	Physician /Medical Examiner	Examiner	Immediate Causa (Final disaasa or condition rasulting in deeth)	a		(or as e consa	quanca of):	Phar	ynx				Onsat	kimata al Between and Death
	certificate be axecuted inding physician and use as the bunal-transit	/Medical	Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initiated events rasulting in daath) Last	c		(or as a consa								
	thet tha death of the by the attanded for u	Physician	Part II. Other significant condition	one contributing to	o death but not r	esulting In tha u	undarlying cause	givan in Pa	ırt i.		tobacco usa d			uss of death
or vital necords, r	law requires that tha death as been signed by the attar 2 should be detached for	by								24e. Was	en autopsy ormad?	24b. V	Vere euto	psy findings
שפ	8 - 6	Completed						_		10	Yas 25 No	0	f death?	2 <b>74</b> No
110	iclan: The cartificata rector, pag	Be C	25. Was casa rafarred to madica axaminar?					26. PI	aca of Daati	n (Check only				243,70
	this aldi	To	1 Yas 2 No			☐ ER/Outpatie					idance 6 🗆 C		ity)	
	After fune	Certification:	27. Mannar of Death 1	ng (M gation	ita of Injury Ionth, Day Year)		М	njury at Work? 1 □ Yas 2	XN0		how injury occ			
5	To the Hospital or Attend within 24 hours aftar deatl To the Funeral Director: completaly filled in by tha		4 ☐ Homicida detarm	bu	ace of Injury - At ilding, atc. (Spe	cify)				City or To				Number,
	To the Hos within 24 ho To the Fun completaly t	fedical	one) 2 Medical		the best of my keep basis of axamination annar stated.	nation and/or In	vastigetion, in n	ny opinion, o	leath occurr	end due to the ed at tha tima,	data and piace	manner as a, end dua	stated. to the cau	ise(s)
)	3	×	29b. Signatura and little of certified  Mucha	I Bu	and,		7	ansa numb	287	7	29d. Data sign	ned (Month		
			30. Nama end address of person Michael Be	who completed corrard, M.	D. 7305	em 23e) (Type, Baltim	Print) ore Ave	nue,	#107 (	College	Park.	Marv	land	20740
	Sta	ite	31. Data filed (Month, Day, Yaar)		Ragistrar's Sig			•				1.		

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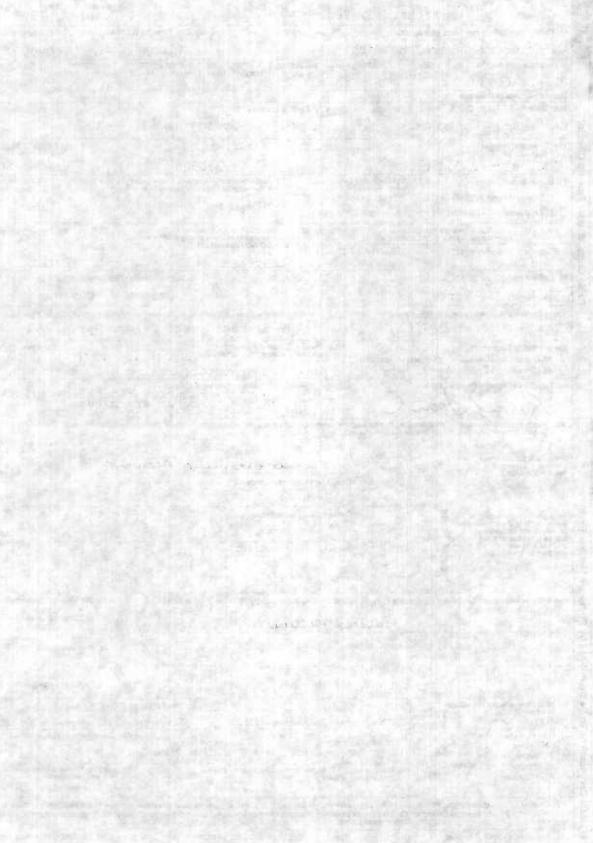
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AUG 1 4 1997



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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	Physici	an	1. Decedent's Name (First, Middle, Last)	chard F. H	Postos				2. Date of De Month	Dev	Year	3. Time of Death
	/Medic		4a. Facility Name (If not Institution, give:		orter			4b. City, Town, or	August	7, 199		6:30 AM
	Examir	ıer	Montgomery Genera				3.98	01ney	Location of Deeti	4c. County		~V
-	Funeral		5. Social Security Number 6. Sec		(In yrs. last b		nder 1 Year	If Under 24 Hrs				place (State or Foreign ntry)
L	Director		017-22-6093	M 2□F 6	7	Yrs. Mon	ths Deys	Hours Min.	Jan. 28	y, Year)	Mass	achusetts
	how		10a. State 10b. County		10c. City, To	wn or Location		7 10 5			1	10d. Inside City Limits
	8a-fs	ctor	Maryland Montgom	ery		Silver	Sprin	ng				1 ☐ Yes 2 ☒ No
	1 Por 1	Directo	10e. Street and Number			10f.	. Zip Code			10g. Citizen of \	What Cour	ntry?
	s 23	rai	2809 Blazer Court	40.14				0906		United		
	filed within 72 hours effer death with the Maryland Hygione. ther than "natural", or terms 23s or 28s-f show int, me Medical Examination multiple in chillies at	Funeral	11. Marital Status  1 ☐ Never Married 2 ☑ Married	12. Was Decedent Endemoder Forces? 1 ☑ Yes 2 ☐ No.		13. Was De	ecadent of F specify Cub	lispanic Origin? (S en, Mexican, Puer	Specify Yes or No to Rican, etc.)	14. Rec	a - Americ ck, White,	can Indien, etc.
020	e sin		3 Widowed 4 Divorced	If Yes, Give Year or Dates: K		1□ Ye	s 2 No	Specify:		Specify	. Wh	ite
21215-0020	72 ho natur	Completed by	15. Decadent's Edu (Specify only highest grade	cation		a. Decedent's U	Usual Occup	eation	rkina	16b. Kind of Br	usiness/In	dustry
121	Althin ne.	mple	Elementary/Secondary (0-12)	College (1-4or 5+				during most of word)	rking	24 (48)		
7	e filed withing the filed withing the filed within the worth the filed went, the filed within the filed with		12 17. Father's Name (First, Middle, Last)			Salespe	rson	10 Mathada Na	man (Firest Adiabatic	Retail	L	
=	a ta b	o Be	Robert S. Porter						me (First, Middle, ny W. Ch		10)	
ary	d 2 should b th end Menta 7 is marked traumatic e	70	19a. Informant's Name/Relationship (Ty)	pe, Print)	19	b. Mailing Add	ress (Street	and Number or Ru			State. Zic	Code)
	27 Tr		Dixie D. Porter/W	ife	28	809 Bla	zer Co	ourt, Sil	lver Spr		209	
ore	SATI		20a. Method of Disposition 1 □ Burial 2 ☒ Cremation 3 □ R	emovel from State	20b. Place cemet	of Disposition ( ery, crematory	(Name of or other place	Mugust	11, Date 1997	20c. Location -	City or To	own, State
tim	tment tant: jury		4 ☐ Donation 5 ☐ Other (Specify)			omery C	remato	orium, Ir	nc.	Bethesda		
Bal	permit. Page Depertment of Important: If eny injury or once.		21. Signature of Funeral Service License	ee	M00198	Rober 300	e end Addre t A. ] West N	ss of Facility Pumphrey Montgome: Marylar	Funeral ry Ayenu	Home/Ro	ockvi	lle, Inc.
			23a. Part1. Enter the diseese, or complishook, or head failure. List only on	cations thet caused the		not enter the	VILLE mode of dylr	Marylar ng, such as cardia	c or respiratory e	0-2805 rest,		Approximate
	Physician		Shook, of hour lailote. List only of	e cause on each fine							1	Interval Between Onset end Death
4	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		Ces	rebrov	As wel	as Aces	DENT			4 DAYS
	Ä, I	e	rosaling in additify	D	ue to (or as a	a consequence	of):					
	d d ansit	Examiner	Sequentially list appelitions	),	ue to for se	a consequenca	of).					
ó	tificete be executed ig physician and es the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		00 10 (01 03 0	Consequenca	01).					
68760,	the br	edical	Cause (Disease or Injury that initiated events resulting in death) Last	D	ue to (or as a	consequence	of):		SCHOOL N			
	5 0 0				L'reit							
Вох	att.	clan/N					150					
0	y th	Physic	Part II. Other significant conditions con	tributing to death but	not resulting	in the underlyle	ng cause giv	en in Part i.				o the cause of death?
<b>D</b>	es that igned b	by P		brabers	s mee	letus			10	Yes 2 No	3∐ Pro	bably 420 Unknown
Records,	v requires been sign should be	Completed t								an autopsy med?	av	ere autopsy findings raileble prior to empletion of cause
Sec	hes hes	mpl					7.1	RES.			of	death?
- F	certificete he rector, page		OS Mas ages of such a well-all			11 21 27			10		1[	Yes 2 No
5		o Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☑ No	ospital:	2 DER/C	Nutration 2	DOA Oth	Ar:	ath <i>(Check only c</i> dome 5 ☐ Resid		- (0	
		L :u	27. Manner of Death	28a. Date of Injury (Month, Day		Time of	28c. Injur	4 🗆 Muraing F	1	low Injury occur		y)
ior	Attending in deeth.	atio	1 Natural 5 Pending 2 Accident Investigation	(MORRI, Day	rear)	Injury M		Yes 2□No				
	or Attand efter deeth Director:	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injur- building, etc.	y - At home, ( (Specify)	farm, street, fac	ctory, office		28f. Location (S City or Tox	Street and Numb m, State)	er or Aura	al Route Number,
Δ .	ours e eral D		29a. Certifier 1.81 Certifying Phys	Inland To the best of		- 44						
	To the Hospital or within 24 hours efter To the Funeral Dirt completely filled in	edical	(Check only one)	ician: To the best of er: On the basis of e and manner state	xamination a	nd/or investigate	tion, in my o	pinion, death occu	rred et the time,	date and place,	and due to	the cause(s)
:	vithin 2 To the	Me	29b. Signature end title of cartifier	~/		AL ST	29c. Licens	e number	T	29d. Date signe	d (Month,	Day, Year)
	1+0		Jany	Heel .	mp			019192		Aug	LEST	7,1897
			30. Name and address of person who co	mpleted cause of dea	ath (Item 23a)						N Day	
				HECHT ME				rure wh	HEATON, M	D 2091	56	
	Sta Registr	_	31. Date filed (MonAUG Year 199	32. Registrar	Davidson	- Pandel	2					



State of Maryland / Department of Health and Mental Hygiene

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							Ce	rtificat	e of	Death	7		Reg. No.			_0001
	Physic	ian	1. Decedent's Na	me (First, Middle,	Last)							2. Dete of D Month	eath Dey	Ye		3. Time of Death
	/Medi		JES	SIE A. PI	RATT							AUGUS				4:45 PM
1	Exami		4e. Fecility Neme	(If not institution,	give street and no	umber)				4b. City, T	own, or L	ocation of Dea		County of E	Death	
			PRINC	E GEORGES	S HOSPIT	AL				CHEV	ERLY			INCE	GEOF	RGES
	Funeral		5. Social Security	Number 6	S. Sex		s. last birthday)	If Under Months	1 Yeer Days	If Unde Hours	r 24 Hrs. Min.	8. Date of B (Month, D FEBRUA	irth	9.	Birthplac	ce (Stete or Foreign
	Director		169-20-		1 □ M 2 □XF	88	Yrs.					FEBRUA	RY 5,	09 P	HIL	Y, PA.
	pur *		Usual Residence	of Decedent 10b. County		10c (	City, Town or Lo	cation							1404	t toolide City t imite
	anylar ehow	2	PA	PHILADI	TPHTA		PHTLADEI								100	f. Inside City Limits  1  Yes 2 □ No
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	ter d item	L'	11. Meritel Status	rried 2 Marrie	Armed F	orces?		f Yes, spec	ify Cub	en, Mexica	an, Puerto	pecify Yes or No Rican, etc.)	0-	4. Raca - A Black, V	Vhite, etc	
5-0020	s 1 and 2 should be filed within 72 hours after death with the Maryla f Health and Mental Hygiene. Item 27 is marked other than "nature!", or items 23s or 28s4 show other treumstic event, the Medical Examiner must be notified at	by		4 Divorced	If Yes, G Year or I	ive		1□ Yes 2	2 X No	Specify	y:		3	Specify:	BLAC	K
9	2 hou	8	- 11	15. Decedent's	Education		18e. Decer	dent's Usua	l Occui	pation			16b. Kin	d of Busine	ass/Indus	stry
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lar	Mental Mental arked o	ToB	ALBERT :	FRANKLIN						L	ULU 3	JONES				
Maryland	2 should and Men ie marke		19a. Informant's	Name/Relationshi	p (Type, Print)		19b. Mailir	ng Address	(Street	and Numi	ber or Ru	ral Route Num	ber, City or	Town, Ster	te, Zip C	'ode)
	1 and 2 Health a em 27 le		BOBEDI	B. PRATT	TTT	(SON)	12064	F A	RAN	JCZC 1	חת	AURORA	. COL	ORADO	) 80	0012
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Š	スモキュ	Certification:	4  Homicide	determin		ling, etc. (Spec	cify)	,				City or To	own, Stete)			
Ī	spita ours perel		29a. Certifier	SertifyIng	Physician: To the	e best of my kn	owledge, death	occurred e	at the ti	me, dete e	nd place	and due to the	a cause(s) a	nd manne	r es stet	ed
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	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Me	29b. Signature an	d title of certifier		/		29c	. Licens	se number			29d, Date	signed (M	fonth, Da	ıy, Year)
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yland		Usual Rasidence of Dacedant  10a. Stata 10b. County			Town or Loc						10d.	Inside City Limits
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With w	Director	10e. Street and Number 335 Maple Avenu	٥			10f. Zip Code 4942			11	0g. Citizen of V		
78 23	Funeral	11. Marital Status	12. Was Decede	nt Evar in U.S.	13. V			in? (Specify	Yas or No-		a - Amarican I	ndian.
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z should be litted within and Mental Hygiene. Is marked other than raumatic event, the Mental Mental Committee of the Mental C	du	Elamentary/Secondary (0-12)	College (1-4d	or 5+)	_	ducator				Gover	nment	
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Aenta rked ric ev	To B	Charles Leon	Powell,	Sr.			Cai	rrie	Viola	Wrigh	t	
and h		19a. Informant's Name/Reletionship	(Type, Print)		19b. Mellin	g Addrass (Stre	et and Numbe	or or Rural Ro	uta Number	City or Town,	Steta, Zip Coo	(a) 2072
Department of Health Important: If item 27 i any injury or other tri		Ronald M. Powell  20a. Mathod of Disposition  1 Burial 2 MCramation 3 [		cen	ce of Dispos natary, cram	Fairla ition (Nama of atory or other p	olace)	ace, M	14	20c. Location -	City or Town,	Stata
rtant		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice	(b)	Une:	•	ce Crema		1997			ille, M	laryland
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within 2 To the comple	Me	29b. Signatura and titla of certifier	5	160	AK	296 Lice	24052			9d. Data signe Ugust		
14-1		30. Name and address of person who	completed cause o	f deeth (Item 2	3a) (Pype, F	יחווו						

DHMH 16 Rev 6/95

State Registrar

31. Data filad (Month, Day, Year)
AUG 15 1997

July 2 132. Registrate Signatura

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

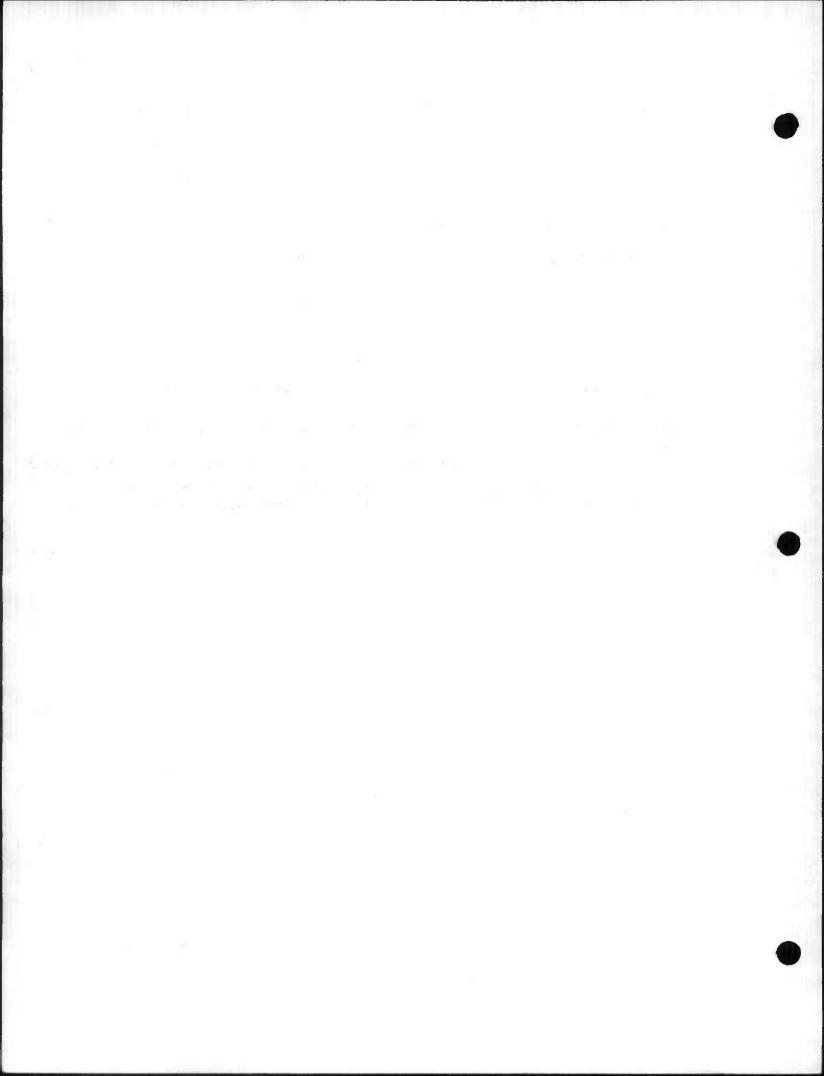
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ylend		10a. Stete	10b. County		10c. City, T	own or Loc	eation				1	10d. Inside City Limits
with the Marylers a or 28a-f show be notried at	ctor	Maryland	Montgon	nery		Saithe	ersburg					1 ☐ Yes 2 ☐ No
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or its	by		ied 2 Merried 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give Yeer or Detes:	?		Yes, specify Cub  ☐ Yes 2 No		? (Specify Yes or Nuerto Rican, etc.)	Speci	eck, White,	
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		23a. Part1. Enter ti shock, or hea	he disease, or comp	alcations that cause one cause on each i	d the deeth. [						arylar	Approximate Interval Between
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Attending For death.  Sctor: After by the funer	atlor	1 Netural 2 Accident	5 Pending investigation	(Month, De	ay Year)	Injury		ork? ]Yes 2□No				
To the Hospital or Attending within 24 hours effer death.  To the Funeral Director: After completely filled in by the fune	edical Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	259. Piece of in	jury - At home tc. (Specify)	, ferm, stre	et, tectory, office		28t. Location City or T	(Street and Num own, State)	ber or Run	el Route Number,
Me Hospit	edicai (	29a. Certifier (Check only one)	1 Certifying Phy 2 Medical Exam	sician: To the best iner: On the basis o end menner st	f examinetion	dge, deeth and/or inve	occurred et the testigetion, in my	ime, date end p opinion, deeth o	elece, end due to the	e cause(a) end m a, dete end plece	enner as s	steted. the cause(s)
	×	29b. Signature end	titie of certifier	211			29c. Licen	se number		29d. Dete sign	ed (Month,	Day, Year)
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		30. Neme end address	s R. W	100re J	r 20	TB	rooke:	s Ave	Gaith	ersbu	ry m	D 20877
Sta Registr		31. Dete filed (Mont	th, Dey, Year) AUG 15	32. Registy	ar's Signature	Ison-A	andella					

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physic	ian_	1. Decedent's Name (First, Middle, La			tificate of	Death	2. Data of De	Day	Year	25804 3. Time of Death
/MedI	cal	MARIA  4a. Facility Name (If not institution, giv		VAS		4b. City, Town, or	AUG-	08,1	997	6:09
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Funeral Director		5. Social Sacurity Number 6. S 577-52-9586 Usual Residence of Decedent	ex 7. Age (In y	rs. last birthday) Yrs.	if Under 1 Year Months Days			th y, Year) ,1926	9. Birthplac Country Guatem	e (State or Foreign ala
yland		10a. Stete 10b. County	10c.	City, Town or Loc	eation				10d.	Inside City Limits
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with the	Dire	10e. Street and Number			10f. Zip Code			10g. Citizen of \		?
ier death w items 23a	Funeral	4414 Hallet Stree	12. Was Decedent Ever in	U,S. 13. V	as Decedent of h	20853 Hispanic Origin? (S van, Mexican, Puert	pecify Yas or No	U.S.A	e - Amarican	
si', or	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ऒ No If Yes, Give Year or Dates:		Yes, specify Cub ▼Yes 2□No Guaten	Specify:	o Rićan, etc.)	Specify	ck, Whita, atc. v: White	
"naturs!",	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	(Give I	ent's Usual Occup	during most of wor	king	16b. Kind of B		
withi ene. then	ошо	Elementary/Secondary (0-12)	College (1-4or 5+)	Homem	O NOT use retire	id)		O II		
0 - 0 5	BeC	17. Father's Name (First, Middle, Last)	-	пошеш	akei	18. Mother's Nar	ne (First, Middle,	Own Hom Maiden Sumen		
should be ind Mental marked o	To	Antonio Soto				Petro		rada		
2 2 2 2		19a. Informant's Neme/Relationship (	Type, Print)			t end Number or Ru				ode)
permit. Peges 1 and Department of Health Important: If Item 27 eny Injury or other tr once.		Maria E. Rivas  20a. Method of Disposition  1  Burial 2 □ Cremation 3 □	Removal from State	. Placa of Dispos cemetery, crem	atory or other pla	ce)	ockville Data	20c. Location -	City or Town,	
permit. Peges Department of Important: If Ite eny injury or of		4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Upen		22.	Name and Addre	emetery ess of Facility Collins				Maryland
ZO 5 8		· you s.	cello	500	Univers	sity Blvd	. W. St1	ver Spr		20901
Physician /Medical Examiner		23a. Part#. Enter the disease, or compshock, or heart feilure. List only  Immediate Cause (Final disease or condition resulting in death)				1 C	-		Int Or	pproximete erval Between nset and Death MOWTHS
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E 000	Medical	that initiated events rasulting in death) Last	Dua to	(or as a consequ	enca of):					
leath cert attendin	cian	Don't Cohour along Manual and Malana								
es that the de igned by the be detached	by Physician/N	Part II. Other significant conditions of	ontributing to death but not r	esulting In the un	derlying ceuse giv	ven in Part I.	23b. Did 1	X	ntribute to the 3 ☐ Probab	e cause of death?
requir been s should	Completed t						24e. Was perfo	an autopsy rmed?	availa	autopsy findings ble prior to letion of cause th?
sician: The law requires the certificate has been signed inector, page 2 should be or	Com						101	ras 20 No	1 🗆 Y	as 2□No
iclan: Th certificate rector, pag	Be	25. Was case referred to medical examiner?	112-1		la	26. Place of Das				
hya his	: To	1 ☐ Yes 2 No  27. Mannar of Death	Hospital: 1 ☐ Inpatiant 2	☐ ER/Outpatient 28b. Time of		4 K1 Nursing H	oma 5 Resid	dence 8 Oth		
nding ath. :: After e fune	ation	1 Natural 5 Pending 2 Accident investigation	(Month, Day Year)	Injury	28c. Injui Wor M 1 □	rk?  Yes 2 □ No	200. 19301100 1	iow injury occur	180	
al or Attending P s efter death. Il Director: After t ed in by the funera	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - At building, etc. (Spe	homa, farm, stre	et, factory, office		28f. Location (\$ City or Tox	Street and Numb vn, State)	per or Rural Ro	oute Number,
To the Hospital of within 24 hours of To the Funeral Discompletely filled in	edicai (	29a. Certifier 1 Certifying Phyone) 2 Medical Example 1	ysician: To the best of my k liner: On the basis of exemi and manner stated.	nowledge, death netion and/or inve	occurred at the tirestigetion, in my c	me, date and piece opinion, death occu	, end due to the rred et the time,	cause(s) and ma dete and place,	anner as state end due to the	d. e ceuse(s)
To the To the compl	Me	29b. Signature and title of cartifier			29c. Licens			29d. Dete signe	d (Month, Day	r, Year)
8		) you	allem		D4	2518		AUG	08,	1997
		Gul CHASUA	4 4 4 4 4	em 23a) (Type, P Roctes	rint)	Piret #	316, R	veteri	ut,	1997
Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Sig							

DHMH 16 Rev 6/95



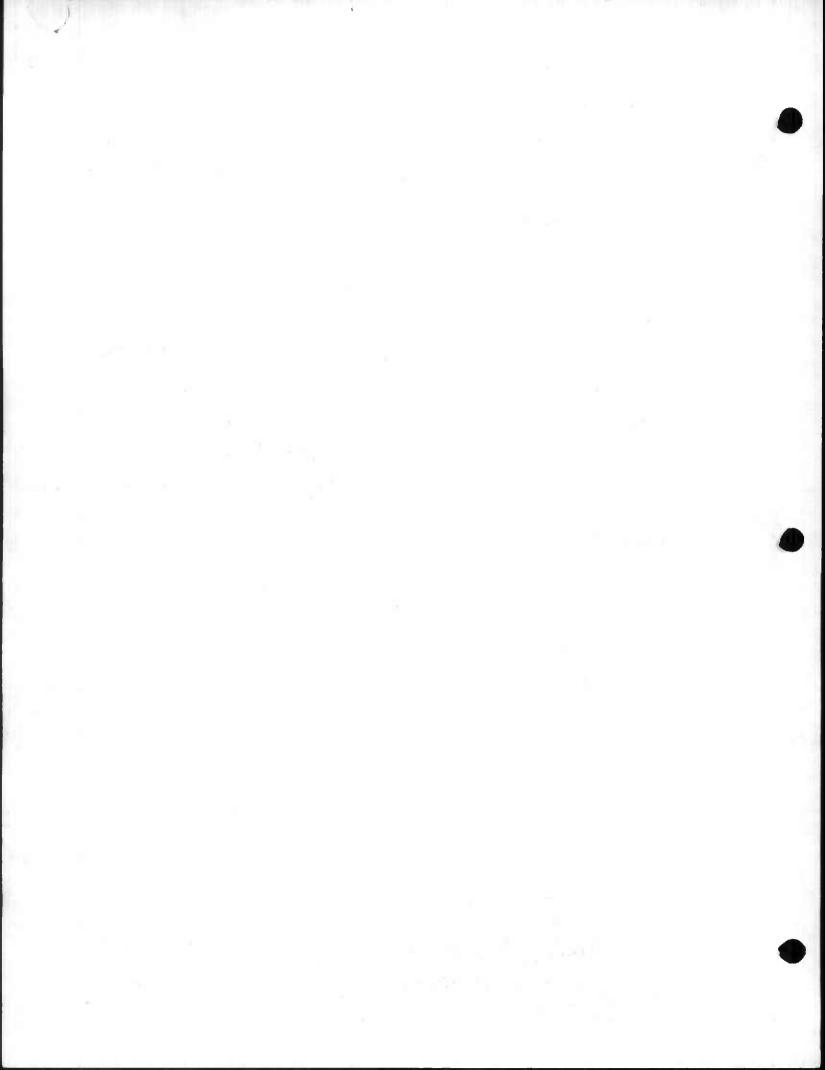
State of Maryland / Department of Health and Mental Hygiene 25805 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Day **Physician** Month August 8, 1997 Frances Richardson 5:25 AM /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Carriage Hill-Bethesda Bethesda Montgomery Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2□F Months Days Yrs. Director 577-26-2315 73 April 2,1924 Virginia Usual Residence of Decedent death with the Meryland 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits real be notified at Director 1 Yes 2 No Maryland Prince George's Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1608 Bock Road Funeral United States r than "natural", or frems: 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No It Yes, Give Yeer or Dates: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours efter 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Ho Specify: by Specify: 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 permit. Pages 1 and 2 should be filed w Depertment of Health and Mental Hygier Important: If item 27 is marked other th any Injury or other traumatic event, ITE Once. Building Services Worker Public Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be 2 Fred Earl Wood Alma Blanche Hodge 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty J. Nicholson/Executor 7020 Arandale Road, Bethesda, Maryland 20817 20b. Place of Disposition (Name of cemetery, crematory or other place)
August
Fort Lincoln Cemetery

Date
14, 1997 20e. Method of Disposition 20c. Location - City or Town, State WBurial 2 ☐ Cremetion 3 ☐ Removei from State 4 Donation 5 □Other (Specify) Brentwood, Maryland 21. Signature of Furn al Service Licenses 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda-Chevy Chase, Inc. 75 M00803 Bethesda, Maryland 20814-3501 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tellure. List only one cause on each line. Approximate Interval Between Onset end Death Physician /Medical Immediate Ceuse (Final disease or condition resulting in death) Cancer of the Pancreas 3 Months Examiner Due to (or as a consequence ot): Examiner The law requires that the deeth certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest use as the burial-trar pug Due to (or as a consequence ot): P.O. Box 68760, ettending physician for use as the buria Physician/Medical Due to (or as a consequence of) signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes ZXNo 3 Probably 4 Unknown Stroke Division of Vital Records, þ Completed 24e. Was en autopsy performed? 24b. Were autopsy tindings evailable prior to completion of cause ot death? Abdominal Aneurysm certificate has 1 Yes 2 No 1 Yes 2 No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 □Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28d. Describe how Injury occurred After 5 Pending Investigation deeth. 1 ☐ Yes 2 ☐ No 2 Accident 24 hours efter deet Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide XX Certifying Physician: To subset of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

A medical Example on the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and minder stated. Medical 29a. Certifier To the I within 2 To the F 29b. Signature and title of ceptiles 29c. License number 29d. Dete signed (Month, Day, Year) D07471 August 8, 1997 30. Name and address of person who cause of death (Item 23a) (Type, Print) Paul T. Noone, M.D. 50 West Edmonston Drive, #207, Rockville, Maryland 1997 32. Registrar's Signature State

**DHMH 16 Rev 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene

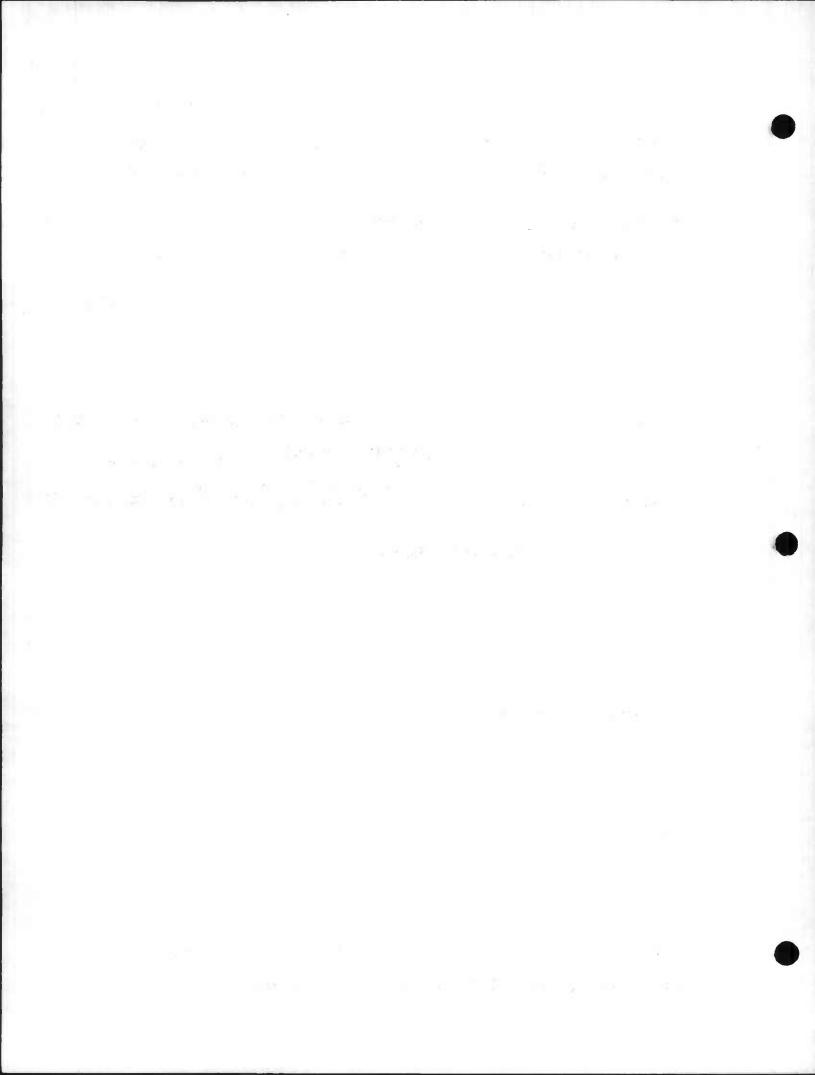
Certificate of Death

97 25806

Physic											Reg. No.		
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Funeral Director		5. Sociel Security Number 430-45-5450	Sex 1XM 2□F		s. last birthdey Yrs.	() If Under 1 Months		If Under 2 Hours	- 1	8. Date of I		-	hplece (Stete or Foreig untry) a
28a-f show offied at	ector	Usuel Residence of Decedent  10a. Stele 10b. County  Maryland Montgo	mery		City, Town or L	pring							10d. Inside City Limit
23a or 2	ai Dir	10e. Street end Number 2101 Fairland Ro	ad			10f. Zip 0					Cuba	of Whet Co	untry?
ntel Hygiene. Indocher than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Stetus  1 ★ Never Married 2 ■ Married 3 ■ Widowed 4 ■ Divorced	Armed Fo	2Ã No ve	U,S. 13.	Was Deceder If Yes, specify 1 X Yes 2		ispenic Orig in, Mexican, Specify:	in? (Sp Puerto Cub			Biack, White	rican Indien, e, etc.
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and Mentel Hygiene. Is marked other than aumatic event, tra M		Elementery/Secondary (0-12) 12 17. Fether's Neme (First, Middle, La	College (1	1-4or 5+)		owner		18 Mother	'e Nam	a /First Midd	Casi		
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		19e. Informent's Name/Relationship	(Type, Print)								nber, City or To		
Department of Health and Mer Important: If Item 27 is marke any injury or other traumatic once.		Suzanne Lord  20e. Method of Disposition  1 Disposition 2 Cremetion 3		20b. Stete V	Plece of Disp cemerery, cre lary and	osition (Name	of		T	Dete	20c. Locati	ion - City or	
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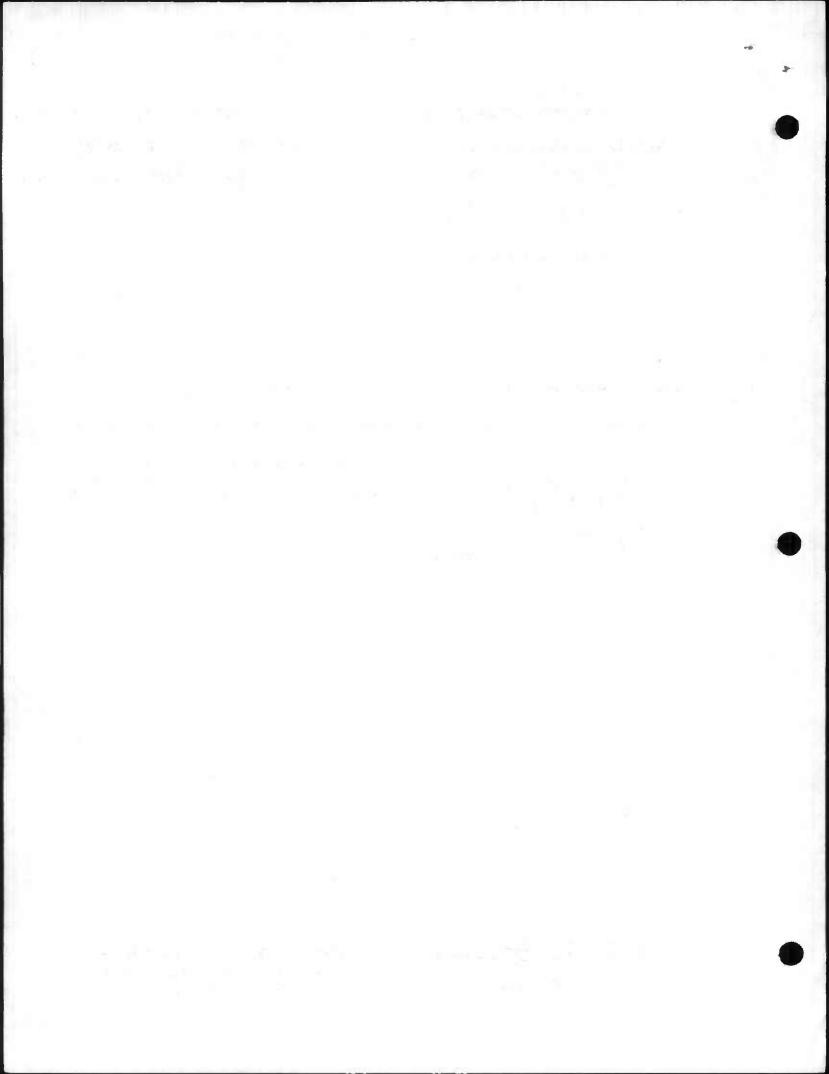
DHMH 16 Rev 6/95

State Registrar



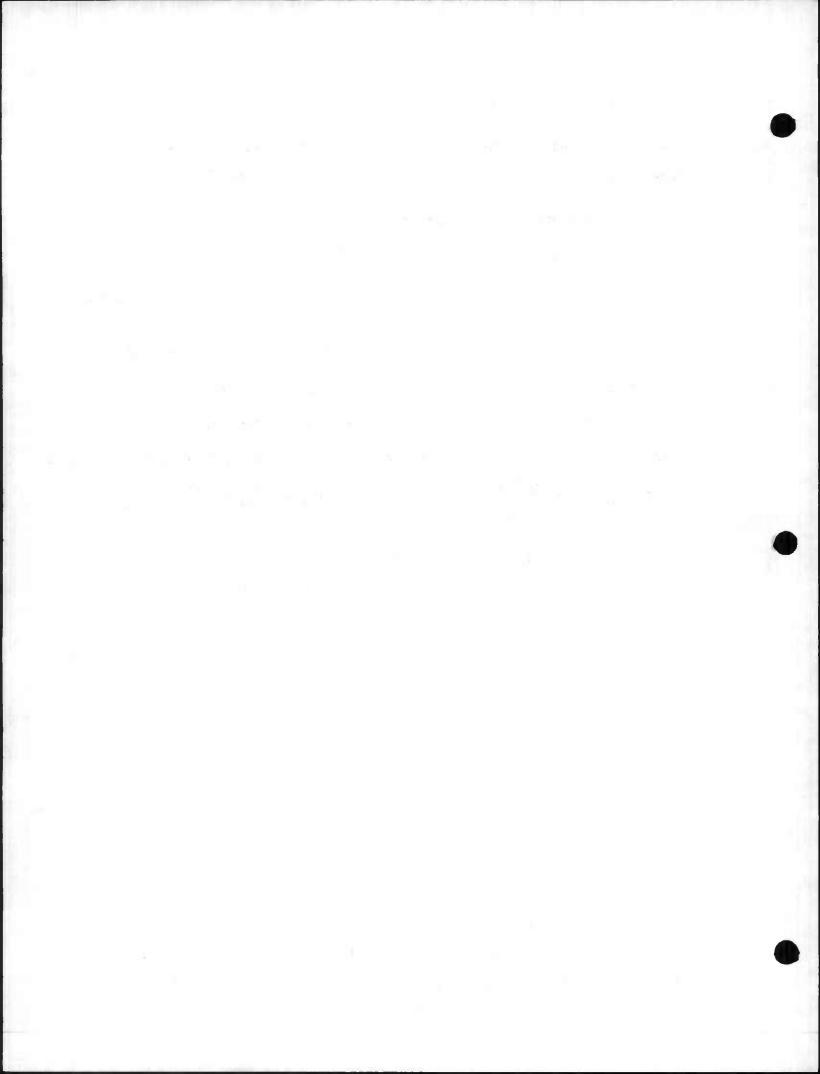
State of Maryland / Department of Health and Mental Hygiene 97 25807

Amended	20	1. Decedent's Name			., GF	Cer	tificate	of L	Death	2. Date of	Reg.	No.		3. Time	
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Funeral		5. Social Security No	ımber 6. S	ex 7. A		lest birthday)	If Under 1		If Under 24 Hr	s. 8. Date of I	Birth				or Foreign
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the Mar 28a-f st retified	9	10e. Street and Num	her				10f. Zip Co	odo			100	Citizen of I	Affron Count	10.0	
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Sing in the	by	3 Widowed	□ Divorced	Year or Dates:			L 163 2E	3 140	Specify.			Specify	A: AATIT	LE	
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Page nent of nr: If			Cremation 3 ☐ 5 ☐ Other (Specif)	Removal from State						8/22/9	7 1	Alexar	idria,	, VA	
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Physician /Medical Examiner	er	tmmedlete Cause (F disease or condition resulting in death)	inal	olications that cause one ceuse on each li ARF	RYTHM						_			Onset and	Death
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tha dea y tha et ached fo	Sici	Part It. Other signific	ant conditions of	ontributing to death b	ut not resu	Iting in the und	derlying caus	se give	n in Pert t.	23b. Di	d toba	cco use co	ntribute to	the cause	of death?
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he law requires the has been signs	D D									24a. W	as an a	utopsy	24b. We	re eutopsy	findings
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		27. Manner of Death		28a. Date of tnju (Month, De		28b. Time of	28c.	Injury Work		28d. Describ	-				
l or Attending after death. Diractor: Aftar d in by the fune	유	1 W Naturat 2 ☐ Accident	5 Pending investigation		y Year)	Injury	М		es 2 No						
i or Attending Phi after death. Diractor: Aftar thi 3 in by the funeral	Certification:	3 Suicide	6 Could not be		uny - At hor	me farm etre	et factory o			28f. Location	(Stree	t and Numb	ner or Rural	Route Nu	mher
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To the Hospital or within 24 hours after To the Funeral Dir. completely filled in	1 - Y	29a. Certifier	Certifying Phy	ystcian: To the best	of my know	vledge, death o	occurred at t	he time	, date and piec	e, end due to th	e ceus	e(s) and ma	anner as sta	ated.	
H H	edical	(Check only one)	⊔ Medicai Exam	iner: On the basis of and manner st	r examinati ated.	on and/or inve	stigation, in	my opi	nion, death occ	urred et the tim	e, dete	and place,	and due to	the cause	(s)
of the of the office of the of	Me	29b. Signature and t	tte of certifier				29c. L	icense	number		29d.	Date signe	d (Month, E	Dey, Year)	
		20	6811	7-											
20		Jak	en Ma	n	mo	)		1525	590 (MA	)		144	1697	-	
		30. Neme and ddre					rint)	NA	TIONAL	NAVAL N	1EDI	CAL C	ENTER		
				RE, LT, MC	, USN	IR .			THESDA			-5600			
Sta	ate	31. Date filed (Month	Day, Year)	32. Registr	ar's Signet	ure									



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		- 13	1 Decedent's Nen	ne (First, Middle, La		viaiyiaric		tificate of	Death		Reg. No.	97	25808
п	Physic		Rh+	1 T	Zobosso	4/				2. Data of De	Day	Year	3. Time of Death
V	/Medi Examii		4a. Facility Nama	(If not institution, gir	ve street end numbe				4b. City, Town, or L	ocation of Deat	1 de Count	97 y of Death	11.00A
	Funeral Director	ler	Forest H. 5. Sociel Security N. 220-48-2	aven Nurs	sing Home	Age (In yrs. Ie	st birthday) Yrs.	If Under 1 Year Months Deys	Catonsvil If Under 24 Hrs.	le 8. Date of Bir (Month, Da	Balti	more 9. Birthi Cour	olaca (Stete or Foreign ntry)
	and		Usual Residence of 10a. State	of Decedent 10b. County		10c. City	Town or Loc	ation		7			tOd toolde City Limite
	Marylan -f show	tor	MD	Baltimor	re		nsvil						1 Yas 2 No
	or 28a-f	lrec	10e. Straet and Nu	ımber		0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f. Zip Code			10g. Citizen of	What Cou	
	23a (23a (	alD	315 Ingl	eside Ave	·			21228			USA		
020	72 hours efter death with the Maryland natural", or Items 23a or 28s-f show dical Example must be notified at	by Funeral Director	11. Marital Status 1 Never Mari	ried 2 Marriad	12. Was Deceder Armed Forces 1 ☐ Yas 2 ☐ If Yes, Give X Year or Dates	s? ] No	If	Vas Decadent of Yas, specify Cub	Hispanic Origin? (Spoen, Mexican, Puerto Specify:	pecify Yas or No Rican, atc.)	Ble	ca - Americ eck, Whita, fy: Whi	atc.
21215-0020	within than than	Completed	(Spec	15. Decedent's Educify only highest green ondary (0-12)	ducation ede completed) College (1-40	r 5+)	(Give k life. D	ent's Usual Occu ind of work done O NOT use retire	during most of worked)	king	16b. Kind of 8	Business/In	dustry
	tal Hygid other	Be C	17. Father's Neme	(First, Middle, Last,	)		500	MILD CL COO	18. Mother's Nem	ne (First, Middle		-	
ylar		To B	Lemuel	Robosson					Elizabet	h Fulko	ski		
Maryland	2 m m			ame/Retetlonship (	Type, Print)				t end Number or Ru				Code)
	1 and 1 leaf		Gladys 1		ister)	20b Pta	3848 I	Elm Crof	f Rd. Bal	timore,	Md. 21 20c. Location		Ctata
non	00		NE Burial 2		Removal from State	can	netary, crem	etory or other ple apel Cem		/13/97			lle, Md
Baltimore,	permit. Pag Department Important: if any injury o			unaral Service Lice	11/		22.	Name and Addre	ess of Fecility	ight Fu	neral H	ome	ile, ra
			23a. Part1. Enter !	he disease, or com	plicetions that cause	ed tha death.	P. Do not ente	O. BOX r the mode of dyi	195 Sykes ing, such as cardiac	ville, or raspiratory a	Md. 217 rrast,	84	Approximate
	Physician /Medicai Examiner	er	Immediate Ceuse disease or condition resulting in deeth)	(Final	0	PIRAT			N'SUFF PNET			             	Interval Between Onset end Death
,09289	rificate be executed ng physician and as the bunat-transit	Medical Examiner	Sequentially list co if eny, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death)	nmediate erlying rinjury s	b7		es a conseque	ence of):	YNEC	IMON	114		
Вох	death cert e attending ed for use	lan/			d								
P.O.	that the deed by the	y Physician/M	Part II. Other signif	cent conditions	ontributing to death	but not result	ing In the und	derlying cause gi	van in Part I.		lobacco use co Yes 2 No	ontribute to 3 ☐ Proi	the cause of death?
of Vital Records,	e law requires thas been signed be should be	Completed by								24a. Was perfo	an autopsy med?	av.	ere eutopsy findings ailable prior to mptetion of cause death?
- B	The ate h	Соп								10	res 20 No	1[	Yes 2016
Vita	Physician: The	Be	25. Was case refer exeminer?		Hospitet:			Out	26. Place of Deal	th (Check only o	one)		
	ing Phys  After this tuneral di	ation: To	1 ☐ Yes 2 ☐  27. Menner of Deat  1 ☑ Netural  2 ☐ Accident		28a. Dete of In (Month, D	jury 2	R/Outpetient 8b. Time of Injury	28c. Inju Wo		ome 5 ☐ Resident 28d. Describe I	denca 6 Ott		y)
-	ther direct	Certification:	3 ☐ Suicide 4 ☐ Homicida	6 Could not be determined	28e. Place of Ir	njury - At hom atc. (Specify)	e, farm, stree	et, factory, office		28f. Location (S City or Tox		ber or Rura	il Route Number,
	Hospital of 24 hours of Funeral Dietely filled i	edical	29a. Certifier (Check only one)	Certifying Ph 2☐ Medical Exam	niner: On the besis	of examinetion	edge, death on end/or inve	occurred et the ti	me, date and plece, opinion, deeth occur	end due to the red et the time,	ceuse(s) end m dete end plece,	enner as si	teted. o tha cause(s)
	To the within 2 To the comple	Mec	29b. Signature and	title of certifier	and manner s	steted.		29c. Licens	se number		29d. Date signe	d (Month,	Day, Yaar)
	- s - ō		1. To	01.0	Nanno	1.		NS	79126		2/11	197	***************************************
			30 Inme and addr	ess of person who	completed cause of	death (Item 2	3a) (Type, P	90 1	11		101	1	
			Laous	201. XQ	lelian	~, 72	2201	arle :	Height	· Chre	Ba	lok	1d 2120+
	Sta Registr		1. Date filed (Mon.	th, Day, Year) AUG 131	997 Julia	trars Signetur	Rede	l	9				

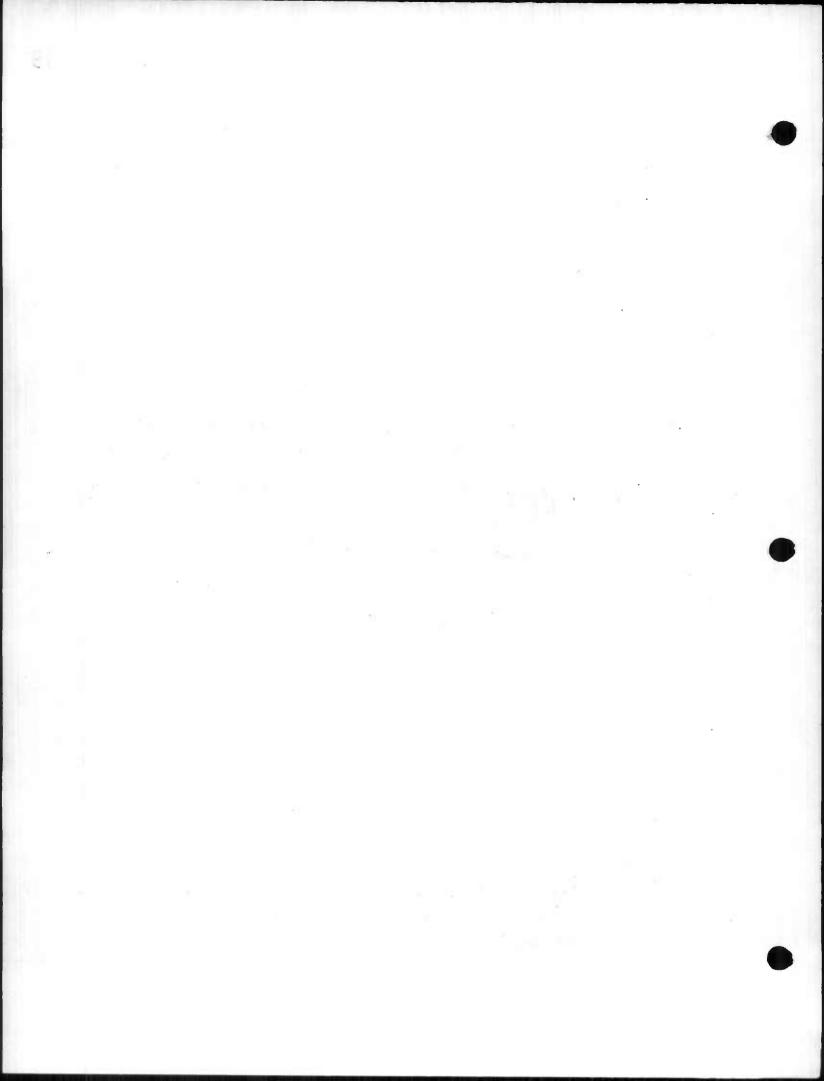


# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

H	IF FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e deat	8 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once.
H	r this certificat.	th with the Stal	
HE HOSPITAL OR ALTENDING	RECTOR: After	rs after deat	APORTANT: If item 28 is ma
SPITAL OR	VERAL DIR	led within 72 hours after	VT: It iter
DE THE HO	THE FU	be filed with	IMPORTAL

FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Kathryn Robert					2. DATE OF DEATH MONTH DAY August 8,	1997	1:00 P. M
4. SOCIAL SECURITY NUMBER 214-32-2995  9a. FACILITY NAME (If not institution,	1 □ M 2 😾 F 6	E (In yrs. leat birthday)  YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	Jan 10, 19	Cou	TNPLACE (State or Foreign ortry)  ryland
			Lonaco			Garre	
10a. STATE 10b. Co			ry, town on Local naconing	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 352 MCKenzie Ro 11. MARITAL STATUS 1   Never Married 2   Merried	pad		10	H. ZIP CODE 21539	9	10g. CITIZEN OF	F WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 X Divorced	12. WAS DECEDENT EVER	S 2 X NO	If yes, s	CENDENT OF NISPA	NIC ORIGIN? (Specify Yealon, Puerto Rican, etc.)	or No — 14. RA Bit	CE — American Indian, ack, White, atc.
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Le	B EDUCATION grade completed)  College (1-4 or 6 +)				166. KIND OF BUSI		
17. FATHER'S NAME (First, Middle, Le (unknown)	st)	2011.00			AME (First, Middle, Meiden S ne Railey		
19e. INFORMANT'S NAME (Type/Print) Sharon D. Mall( 20e. METNOD OF DISPOSITION IX) Burial 2 Cremation 3 4 Donation 6 Other (Specify 20 SUDNATURE OF FUNERAL SERVI	Parmovel from State		Ackenzie  of DISPOSITION (A  of	Rd., Loi lame of ry, Aug	11, 97 Lon	D 2153 CATION — City or aconing	Town, State
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SR DUE TO (OR A	S A CONSEQUENCE OF	on: Novo on: east	12 0	liseas	e laso	Onset and Death  76 Mus  27 Rance  715 Tea
PART II. Other algnificant con					PERFOR  1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CO	HOSPITAL: 1 □ Inputient 2 □ ER/O		OTHER:		6 Other (Specify)		
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investig	28a. DATE OF INJUI (Month, Day, Yea	RY 285. TII	ME OF 28c. IN	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW IF	NJURY OCCURED	75-2
3 Suicide 8 Could r	ot be building, etc. (3	JRY — At home, farm, Specify)	, street, factory, off	lca	281, LOCATION (Street a City or Town, State)	nd Number or Rur	ral Route Number,
TOTAL OTHY	PNYSICIAN: To the best of my ki AMINER: On the basis of axemin						se(s) and manner as stated.
30. NAME AND ADDRESS OF PERSON	reham	DEATH (ITEM 27) (Typ	De, Print)	D-17	5 2 6	PAUGE	NEO (Morth, Day, Year)
John Mehanna, 31. DATE FILED (Month, Day, Year) AUG 1 1 19	32 REGISTRAR'S S		rive, Cur	mberland,	MD 21502		



State of Maryland / Department of Health and Mental Hygiene

25810

MICHAEL A. ROBINSON

Certificate of Death

2. Data of Death

**Physician** /Medical Examiner

MICHAEL ANDRE 4a. Facility Nema (If not institution, giva street and number)

1⊠M 2□F

**AUGUST** 4b. City. Town, or Location of Deeth

Month

3. Tima of Death 03 1997 2:40 AM

WASHINGTON COUNTY HOSPITAL 5. Social Security Number 7. Aga (In yrs. last birthday) HAGERSTOWN

4c. County of Death WASHINGTON

**Funeral** Director

28a-f show

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Нете 23а

filed within 72 hours after thygiene.

marked other

permit. Pages, 1 and 2 s Department of Health ar Important: If item 27 is any injury or other trau

**Physician** /Medicai

Examiner

sician and burial-transit

physician s the buria

been signed by t should be detach

Deen page 2

this

After

burs after death.

• Funeral

To the To the To the

completely i

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital

Hospital or Attending Physicien:

Examiner

Physician/Medical

þ

Completed

Be

P

Certification:

edicai

Pages, 1 and 2 should be 1 nent of Health and Mental I int: If item 27 is marked or

Baltimore, Maryland 21215-0020

Usuel Rasidance of Decedant 10a State 10b. County

218-08-4385

1. Decedent's Nama (First, Middla, Last)

10c. City, Town or Location

Yrs.

If Under 1 Yaar If Undar 24 Hrs.

 Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, Year) June 30, 1976 Washington, D.C.

10d. Inside City Limits

Director

Funeral

þ

Completed

Be

Maryland

Prince George's

Oxon Hill

1 X Yes 2 □ No

10e. Street and Number

2310 Rosecroft Court

10f. Zip Coda 20745

Days

10g. Citizen of What Country? United States

11. Marital Status

1 X Never Married 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 🛣 No If Yas, Giva Yaar or Dates:

21

 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 1 ☐ Yas 2 ☒ No Specify:

14. Race - Amaricen Indian, Bleck, Whita, atc.

15. Decedant's Education (Specify only highast grada completed)

Collaga (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

African American 16b. Kind of Businass/Industry

Elamantary/Secondary (0-12)

Student

Public Schools

17. Fathar's Nama (First, Middla, Last)

John Edward Bobo

18. Mothar's Nama (First, Middla, Maldan Sumama) LaVerne Robinson

19a. Informant's Name/Ralationship (Type, Print)

4507 Colony Court, #1023, Alexandria, VA

19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda)

Edward L. Robinson - Uncle

20b. Place of Disposition (Nama of cematary, crematory or other place)

22309 20c. Location - City or Town, Stata Data

20a. Mathod of Disposition

1 Burial 2 ☐ Cramation 3 ☐ Ramoval from State

Harmony Memorial Park

8/9/97 Landover, Maryland

4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licansee

22. Nama and Addrass of Facility
STEWART FUNERAL HOME, Inc.

4001 Benning Road, N. E., Wahington, D. C. ceused tha death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, Approximata intarval Batw

Immadlata Causa (Final

disaasa or condition rasulting in daath)

as a consequand

Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or trijury that initiated events resulting in daath) Last

Dua to (or as a consaguance of):

Dua to (or es a consequance of)

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings availabla prior to complation of ceusa of death?

Onsat and Death

25. Was cesa rafarrad to medical XIX Yas 2 No

Hospital: 1 ☐ inpatiant 2 🗮 ER/Outpatient 3 ☐ DOA Data of Injury (Month, Day Year)

28b. Tima of Injury 2350

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Homa 5 Rasidance 6 ☐Othar (Specify) 28d. Describe-h neta

26. Placa of Death (Check only ona)

Location (Street and City or Town, State) (Athertet

29a. Certifiar (Check only one)

27. Mannar of Daath

1 Netural Accidant

3 ☐ Suicida

4 - Homicida

28a. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify) roodwo

12(9)

14 Washin 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifiar

29c. Licansa number

29d. Date signed (Month, Day, Yaar)

5 Panding Invastigation

6 Could not be datarmined

O.C.M.E.

AUGUST 05,1997

30. Nama and addrass of person who complated causa of death (tram 23a) (Type, Print)

HEI PURE MIKE 31. Deta filad (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201 Registrar's Signatura a Studior Radall

Registrar

State





State of Maryland / Department of Health and Mental Hygiene 97 25811

				Certificate of De	ath	Reg. No.	
	Physici	212	1. Decedant's Nama (First, Middla, Last)			te of Deeth onth Day	Yaar 3. Tima of Death
	Physici /Medi		BARBARA RANDALL		6	3 H 19	997 S. HSA
	Examir		4a. Facility Nema (If not Institution, giva street and number)	4 44 4	ity, Town, or Location	HILLIAN TO THE PARTY OF THE PAR	1
			MEDLANTIC MANOR AT		ver Sphi	25 Mon	itsomen
	Funeral		5. Social Security Number 8. Sax 7. Age (In yrs. last		Under 24 Hra. 8. Dai lours Min. (Mc	ta of Birth ponth, Day, Yaar)	9. Birthplece (State or Foreign Country)
	Director		Usual Rasidance of Decedant	115.	00	1 231982	00
	and and			Town or Location			10d. Insida City Limits
	the Maryland 28a-f ahow notified at	ŏ	MD Montgomony Si	Iver Spring			1 € ¥es 2 □ No
	the M	Je.	100 Illontgomon 31	10f. Zip Coda		10g. Citizen of V	What Country?
	deeth with	Funeral Director	201 Bell Pre Road	209	06	(0.	SA
	items 23s	Jere	11 Marital Status 12. Was Decedant Evar in U.S.	13. Was Decedent of Hisper If Yas, specify Cuban, M	nlc Origin? (Specify Ye	98 or No- 14. Rec	e - American Indian,
0	or its		Armed Forces?  1 Never Merried 2 Married II Yes 2 No II Yas, Give				ok, Whita, atc.
5-0020	10 . 10	by	3 ☐ Widowed 4 ☐ Divorced Yaar or Datas:	1 ☐ Yas 2 No St	pecify:	Specify	Black
5-0	"natural"	Completed	15. Decedant's Education (Specify only highast grada completed)	18a. Decedant's Usual Occupation (Giva kind of work dona during	n most of working	16b. Kind of Bu	usinass/Industry
2121		du	Elementary/Secondary (0-12) College (1-4or 5+)	lifa. DO NOT use retired)		Cleaning	Contractor
	And the Personal Property of the Personal Prop	S		JANITOL			
and	od off	Be	17. Fether's Name (First, Middla, Last)	18.	O	Middle, Maiden Sumam	
Ž	2 should be and Mental Is marked or aumatic eve	10	DAVID M. KANDALI		regsy	MIGHT	
Maryland	s 1 and 2 should be filed if Heelth and Mental Hyg tem 27 is marked other other traumatic event,		19e. Informant's Neme/Ralationship (Type, Print)	19b. Malling Addrass (Street and I	LA LI	a Number, City or Town,	Stata, Zip Code)
	f and Heelth em 27 ther tr		20a. Mathod of Disposition 20b. Plac	a of Disposition (Nama of	-itce /t/e	20c Location	City or Town, Stete
10	@ O		1 Buriel 2 Cramation 3 Removel from State	etery, cremetory or other piece)	aug	Y 1	. 0
Baltimore,	Department of Hee mportant: If frem any Injury or othe ance.			Comfort	5-0110	12 HIGH	harry 1/1
Ba	permit. Page Department i Important: If any Injury or		21. Signatura of Funaral Service Licensee	22. Nama and Addrass of	Pacility GHEE	NE FUNERAL HOT	V.
			Celson & France /			idria, VA 223YM	
			23e. Part1. Enter tha diseese, or complications that causad tha daath. shock, or haart failura. List only ona ceuse on each lina.	Do not antar the mode of dying, su	uch as cardiac or raspi	ratory arrast,	Approximeta Interval Batween Onset end Death
	Physician /Medical		Immedieta Causa (Final	11.			/ Death one Death
	Examiner		disaasa or condition rasuiting in daath) a.	7.10			6 montes
	***	-e	Dua to (or as	s a consequence of):	1		
	d d ansit	Examiner	Segmentially list conditions	s a consequance of):	wy		6 9
ó	axec an an rial-tr		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or Injury	Retardo	1		4 4 0
68760	te be	edical	Cause (Disaase or Injury that initieted eventa resulting in death) Last	s a consequance of):	7 - 0		( gr
	certificate be asscuted ding physician and se as the burial-transit	Med	resuming in death) Last				
Box	ith ce tendi	any	d				
0.	requires that the death or been signed by the atten should be detached for u	Physician	Part It. Other significant conditions contributing to death but not resulting	ng in tha undarlying causa givan in	Part I. 2	3b. Did tobacco use cor	ntribute to the cause of death?
9	that the ed by th detache	PH	Rachain			1 Yes 2 No	3 Probably 4 Unknown
5,	tigne be o	by					T
Records,	een sign	Completed	Hyperemass		24	la. Was an autopsy performed?	24b. Wera sutopsy findings aveilebla prior to completion of cause
ec	B 60 CA	npidu	"				of death?
	E # 8	3				16 Yas 2□ No	1 Yas 2 No
of Vital	Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?		. Placa of Death (Chec	ck only one)	
of	5 00	5	The state of the s			☐ Rasidence 8 ☐Oth	
n	ding Phys h. After this funeral di	lon	1 ☑Natural 5 ☐ Panding (Month, Day Year)	3b. Tima of Injury at Work?  M 1 ☐ Yas		ascribe how Injury occur	·ed
Sign	Attending r death. ector: Atte	Icat	2 Accident invastigation 3 Sulcide 6 Could not be 288 Place of Injury At home			cation (Street and Numb	per or Rural Routs Number,
Division	after A Direct D	Certification:	4 Homicida datamined datamined datamined	), term, straat, factory, office		ty or Town, Stata)	or or marar roots reambor,
	ppital ours ours filled		29a. Certifiar To tha best of my knowle	dos dasth occurred at the time of	lata and place, and du	a to the cause(s) and ma	annar as atated
	To the Heapital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only one) 2 Medical Examiner: On the basis of axamination end mennar stated.	and/or invastigation, in my opinio	n, death occurred at th	na tima, deta end place,	and dua to tha causa(s)
	Vithin Fo th	Z.	29b. Signature and title of certifiar	29c. License nui	mber	29d. Date signe	d (Month, Day, Year)
			Il Wared Xhan	MAD 232	817	2/	4/97
1	2)		30. Nama and addrass of person who complated causa of daath (item 23	3a) (Type, Print)		3	
(	0)		MWajeed Khan mo. 1	2016 Ger	you A	-e ushan	for and 20,00;
	Sta	te	31. Date filed (Month, Day, Year) 32. Registrar's Signature				
	Registr	ar	AUG 11 1997 Just American	endall			
DU	MU 16 Day 6/0						

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to be a sure that the second

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle | ast) 2. Date of Daath Month Day **Physician** Yaar MILDRED C. REID AUGUST 7, 1997 7:05 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 7305 ADELPHI ROAD HYATTSVILLE PRINCE GEORGES 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthpiaca (Stata or Foreign Country) 1□ M 28 F Days Min. Yrs. Director 87 579-22-4059 Jan. 7, 1910 Washington, D.C. Usual Residence of Decedent Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23a or 28a-f show Director 1 Yes 2 No Maryland Prince George's Hyattsville the 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 7305 Adelphi Road 20783 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. the Medical Examiner filed within 72 hours after of Hygiene. Ther than "natural", or item 1 Nevar Married 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: ò Specify: 3 Widowed 4 Divorcad **Black** Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 end 2 should be filed wir Department of Haath end Mental Hygien Important: if item 27 is marked other tha any injury or other traumatic avant Editor Covernment 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Malden Surnama) James R. Castor Delsie Curtis 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Carrie S. Taylor-Friend 7305 Adelphi Road, Hyattsville, Maryland 20783 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, Stata Data Burlal 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 8-12-97 Brentwood, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd., Brentwood, Maryland 20722 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final Congestive heart failure 2 weeks disaase or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Acute renal failure 2 weeks physician end s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Box 68760. Adenocarcinoma of the stomach 12 weeks Physician/Medical Due to (or as a consequence of): for use as P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown signed t Hypertension Division of Vital Records. þ 24b. Were eutopsy findings availabla prior to completion of cause of death? Completed 24a. Wes an autopsy performed? page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, Be 25. Wes case referred to medical examinar? 28. Piece of Death (Check only one) Hospitai: Certification: To Other: 4 Nursing Homa 5 Nesidenca 6 Other (Specify) 1 ☐ Yes 250 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation s after dee... 1 2 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 281. Location (Straat and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 - Homicide 24 hours a Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and placa, and due to the ceuse(s) and manner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of 29c. License number 29d. Date signed (Month, Day, Year) MD 0000 7590 August 8, 1997 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Tapera, M.D. 1160 Varnum Street, N.E. Washington, D.C. 20017 Athanasius N. 31. Date filed (Month, Day, Year) 32. Registrar's Signature

i Studior Rankell

DHMH 16 Rsv 6/95

Registrar

AUG 11 1997

ANGEL BET JOHN SOLLEN

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

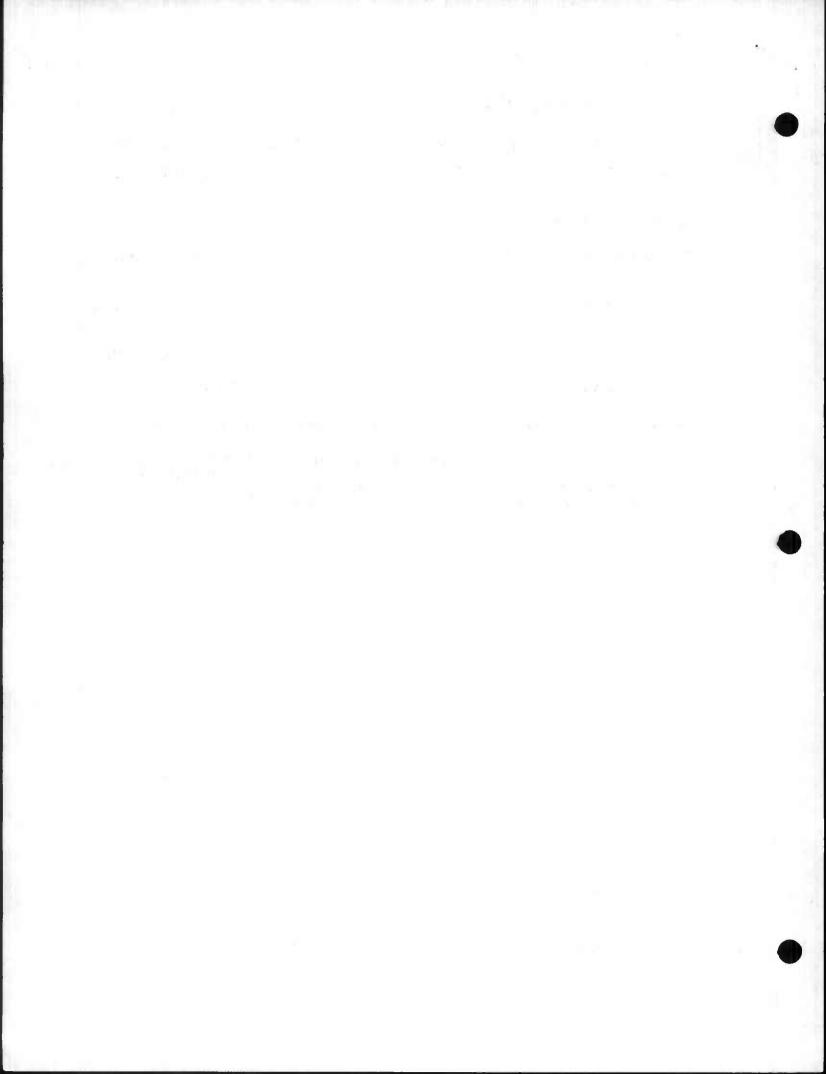
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND MITE OF DEATH	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Dy'mond A	NTODIA	ROWE		Aug 5		7 11:18P M
		5. SEX 8. AGE (In yrs. les	st birthday) IF UI	OER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give stree	at and number)	YRS.	TY, TOWN OR LOCATION OF DE	7 299	9c. COUNTY O	ryland
DIRECTOR	Prince Geor	ges Hospit	96 0	hevery	~~~	prine	Λ
	HESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, TOV	IN OR LOCATION		1	10d. INSIDE CITY
E I	md prine	e Georges	thra-	Hsville			1 D-YES 2 NO
AL	10e. STREET AND NUMBER		1111	10f. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	3422 55th	Avenue		26784		U.	S.A.
5	11. MARITAL STATUS 1 1  Never Married 2  Married	2. WAS DECEDENT EVER IN U.S. AS FORCES? 1 YES 2		13. WAS DECENDENT OF/HISPAN If yes, specify Cuban, Maxican		or No — 14. R	ACE American Indian, lisck, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Specify		S	pecify:
	15. DECEDENT'S EDUCAT		CEDENT'S USUA	T N Fant	16b, KIND OF BUS	SINESS/INDUSTR	N N N
COMPLETED	(Specify only highest grade co. Elementary/Secondary (0-12)		live kind of work do a. Do NOT use retin	one during most of working ed.)			
AP	IMPant I	NPant I	NFan	+	TN	Fant	
Ö	17. FATHER'S NAME (First, Middle, Last)	• 4.		18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)	
BE	Zelvin LAKE			Shan	ell.	) leve	n5
5	19a. INFORMANT'S NAME (Type/Print)	Ta	b. MAILING ADDI	RESS (Street and Number or Rural F		State, Zip Code,	4 = -44
	20a. METHOD OF DISPOSITION	revens.	392Z	55m Aver		12/1/1-6	md 20784
	Burial 2 Cremation 3 Remove	al from State cometery, eve		POSITION (Name of Park	8/15 Lau	CATION - City o	
	H. SIGNATURE OF UNERAL SERVICE LICEN			Rendon/Haie Fi			
	Wiehland?	Kente		9013 Annapolis			20706
	23. PART I. Enter the diseases, or cor	mulications that caused the dest only one cause on each line	eath. Do not er	nier tha mode of dying, such	aa cardiac or reapi	ratory arrest,	Approximate
	INMEDIATE CAUSE (Fine)	O A	o. 1	1			Onset and Death
	diseese or condition → a.	fulmona	my he	morrhage			
		DUE TO (OR AS A CONSE	OUENCE OF):	1. 1			
O	Sequentielly list conditions, b.	DUE TO (OR AS A CONSE	QUENCE OF	ofull by			
E	if any, leading to immediate cause. Enter UNDERLYING		7	U			
IFIC	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A CONSE	OUENCE OF):				
CERTIFICATION	reaulting in deeth) LAST						
AL C	PART II. Other aignificent conditions	contributing to deeth but not	reaulting in the	underlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED					_   ' ' ' ' '		OF DEATH?  1 YES 2 NO
2	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEA	ATH YES [	NO UNCERTAIN	10		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CE OF DEATH (C)				
SI		HOSPITAL:		HER: Nursing Home 5 - Residence	8 Other (Specify)		
PH	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D
BY	1 Hatural 5 Pending 2 Accident Investigation			1 YES 2 NO			
G	3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY — At he building, atc. (Specify)	oma, farm, aireat,	factory, office	28f. LOCATION (Street a City or Town, State)		iral Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, d	eath occurred at	the time data and place, and due	to the cause(s) and mar	oner se stated	
M	11	On the basis of examination and/or					se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER	29d. DATE SIGI	NEP (Month, Day, Year)
) BE	Lama L. Im	ming, MD		D47	737	D 8	114/97
2	30. NAME AND ADDRESS OF PERSON WHO				Gr., Che	0	110
	11 DATE EIL ED (Mouth Day Mark		nco Cen	ges Hospital	Gr., Che	nedy	, luck
	AUG 1 5 1997 Jul	32. REGISTRAR'S SIGNATURE		,		,	
	^						

3,

	a,8/15/97,BM 1. Decedent's Name (Fin	st, Middle, Las	1)	HMID	Cert	tificate	OIL	Jean	2. Data of D			3. Time of Death
ician dical niner	PBHIM 4a. Facility Nama (If not I	ANY		AIN	V		4	b. City, Town,	August or Location of Dea		Year 997 of Death	1007ar
al or	SHADY GR 5. Social Security Number 483-76-4779	COVE ADV	VENTIST H	OSPIT	AL ast birthday) Yrs.	If Under 1	1 Yaar Days	ROCKVI If Undar 24 H	in. 8. Date of B	MONT	GOME	lace (Stata or Foreign try)
	Usual Residence of Dece 10a. State 10b.	County		10c. City	, Town or Loc	ation					1	Od. Insida City Limits
ctor	Maryland Mo	ontgome	ry	Ger	mantow	m						1 ☐ Yas 2 🖾 No
Director	10e. Street and Number					10f. Zip (				10g. Citizen of V	Vhat Coun	try?
by Funeral	20012 Sweet  11. Marital Status  1□ Navar Marriad 2  3□ Widowed 4 ⊠0	2☐ Married	12. Was Decedent Armed Forcas' 1 ☐ Yes 2 ☑ If Yes, Give Yaar or Dates:			208 las Decede Yas, specif	ent of Hi fy Cuba	spanic Origin? n, Mexican, Pu Specify:	(Specify Yes or Narto Rican, etc.)	United lo- 14. Rac Blac Specify	e - Amaric ck, White,	an Indian, etc.
Completed	15. [	Decedent's Edu ly highest grad	ucation	5+)	16a. Decede (Give k	ent's Usual ind of work O NOT use	done o	luring most of v	vorking	16b. Kind of Bu		ian Justry
			5+	.,	Civil	Engi	neer			Engin		g
Be	17. Father's Name (First, Daphira Swa							18. Mother's N	leme <i>(First, Middl</i> ''Unkn	e, Maiden Suman	na)	
10	19a. Informant's Name/R		vpe, Print)		19b. Mailing	Address (	(Street a			ber, City or Town,	State, Zip	Code)
	Amanda Marie  20a. Method of Disposition  1 🗆 Burial 2 🕸 Cre	n			25917 ace of Disposi metery, crema	ition (Name	e of		Damascus Date	MD 208		wn, State
MILES	4 Donation 5 0	Other (Specify)		Met	10	Name and East	Addras	s of Facility Park g, MD	DeVol Fu Drive	Alexand neral Ho	ria, me	Virginia
n il	immediate Cause (Final disease or condition	e, or compl List only o			Do not anter	r the mode	of dylng	, such as card	llac or respiratory	arrest,		Approximate Interval Between Onsat and Death
liner	resulting in death)			Due to (or	as a consequ	ence of):						2 weeks
n/Medical Examiner	Sequentially list condition if any, leading to immedia cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	ns, ate	d	Dua to (or	as a consequal							
Physician/M	Part II. Other significant	conditions cor	ntributing to death b	ut not resul	ting In the und	derlying car	use give	n In Part I.	23b. Die	tobacco use con	ntribute to	the cause of death?
by		-							_ 1	Yes 2110	3 Prot	ably 4 Unknow
Completed									per	s an autopsy formed?	cor of o	ore eutopsy findings allable prior to mpletion of cause death?
BeC	25. Was case referred to	medical		*				26. Place of D	Death (Check only			1162 25140
မ	examinar? 1 Yes 2 Ho  27. Manner of Death 1 Matural 5 C	Pending investigation	1 Enpati 28a. Date of Inju (Month, Da	iry :	R/Outpatient 28b. Time of Injury	3□ DOA 28	c. Injury Work	4 Li Nursing		sidence 6 Other		)
Certification:		Could not be determined	28e. Place of In building, et	ury - At hon c. (Specify)	ne, farm, stree	et, factory,	offica			(Straet and Numb own, State)	er or Rura	l Route Number,
edical	29a. Certifier 127 (Check only 2 1	ertifying Phys ledical Exami	sician: To the best ner: On the basis o and manner st	f examination	ledge, deeth o on end/or inve	occurred at estigation, i	t the tim	e, date and pla inlon, deeth oc	ce, and due to the curred et the time	e ceuse(s) and ma , date and place, a	nner as st and due to	ated. the cause(s)
×	29b. Signature and title d	certifier				29c.	License	number		29d. Date signer	d (Month, i	Day, Year)
		pple	lid or				02	4571		August	9,1	997
	30. Name and address of	Meinson who co	ompleted cause of o	leath (Item :	23a) (Type, P	rint)		, ,1	to-, in.	1		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25815 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Physician Month Ruth Merl Suppes Aug. 10, 1997 4:00 pm /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Manor Care-Bethesda Bethesda Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
Spokane, WA 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Days Hours 215-48-4221 1 M ACKE Yrs. 101 Director Jan. 27, 1896 Usuai Residence of Decedeni 10e Siete 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be notified at 1 X Yes 2 No Director MARYLAND MONTGOMERY CHEVY CHASE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whai Country? 7407 OAK LANE 20815 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2(2) No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No by 3 Midowed 4 Divorced Specify: White Completed traumetic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If from 27 is merked other than any Injury or other traumetic event Elementery/Secondary (0-12) College (1-4or 5+) GLASS COLLECTOR / LECTURER **EDUCATOR** 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) JOSEPH TEWINKEL ANNE HEEBINK 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JANE GASCOYNE DAUGHTER 7316 BLANCHARD DR., DERWOOD, MD 20855 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriai 2 ☐ Cremation 3 ☐ Removal from State PARKLAWN MEMORIAL PARK 8/13/97ROCKVILLE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatore of Funeral Service Licenses 22. Name end Address of Facility Joseph Gawler's Sons, Inc. 5130 WI AVE NW WDC 20016 man, or domplications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, that only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final Biliary Obstruction 10 days disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner Neoplasm buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as e consequence of): Old Age Physician/Medical the Due to (or as e consequence of): 980 ò ed by the detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the causa of death? signed by t 1 Tyes 2 No. 3 □ Probably 4 □ Unknown Pernicious Anemia by 24b. Were autopsy findings eveileble prior to completion of ceuse of death? 24a. Was en autopsy performed? Completed Osteoarthritis **pege 2** 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No director, Be 25. Was cese referred to medical exeminer? 26. Piece of Death (Check only one) Hospital: Other: 42 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28e. Date of Injury (Month, Dev Year) 28c. Injury et Work? 1 Netural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No hours after death uneral Director: A sly filled in by the f Investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral DI completely filled in 1th Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and menner es stated.

2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and menner stated. 29a, Certifier Medical (Check only one) 29b. Signeture end title of certifij 29c. License number 29d. Dete signed (Month, Dey, Year)

Aug 11, 1997

20065

6000 Executive Blvd., # 300 Rockville, Md 20852

32. Register Signature

State Registrar 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Eva Morell, MD,

the Maryland

72 hours after

EBaltimore, Maryland 21215-0020

the death certificate be executed

Box 68760

Records, P.O.

Division of Vital

the Hospital or Attanding Physician:

death.

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physician

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certificate

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After

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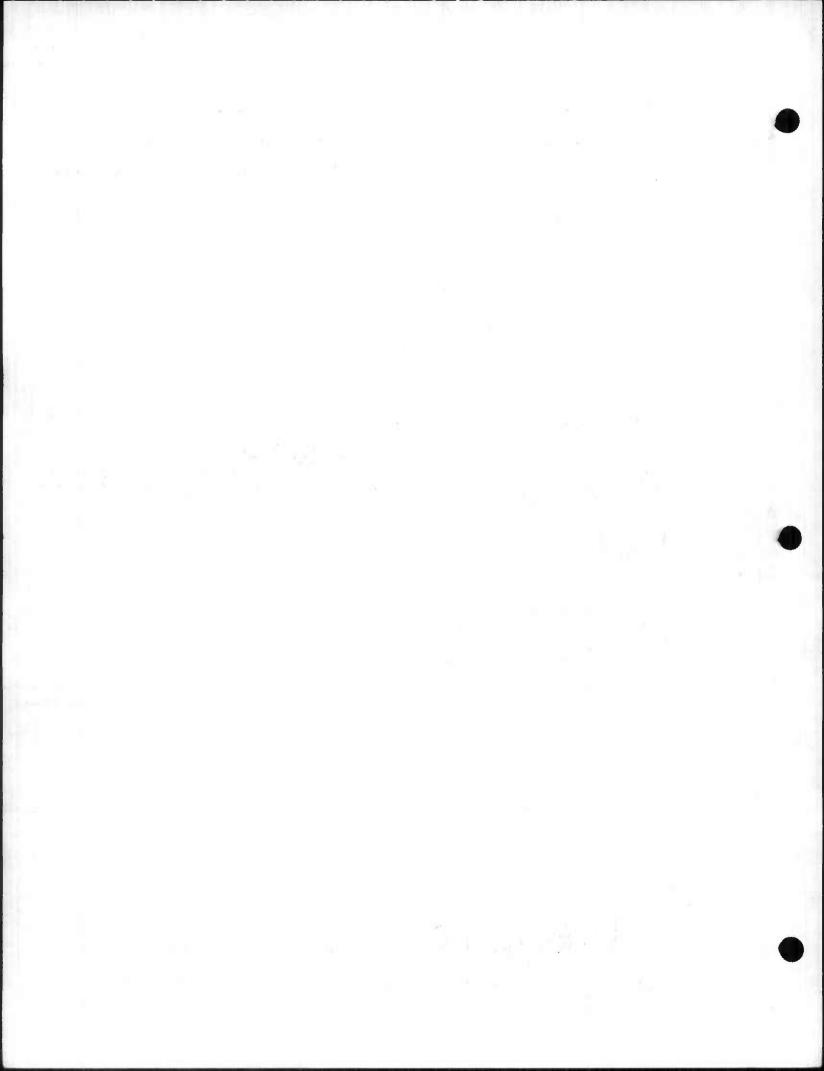
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"natural",

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene 97 25816

49-09-8799 al Residence of Decedent State 10b. County ryland Montgon Street and Number 837 Langdrum La Marital Status Never Married 2 Married Widowed 4 Divorced (Specify only highest g ementary/Secondary (0-12)	give street and number, sing Home Sex 7. Ag MCXM 2DF  mery  12. Was Decedent Armed Forces?	ge (In yrs. la 76 10c. City, Che	Yrs.	Months Location Chase	or 1 Year Days	Rockv	wn, or Lo	Date of Dee Month     August cation of Deeth     B. Date of Birtt (Month, Da)	Day 12, 199 4c. County Monts	of Death  Comery  9. Birthple  Country	4:1	of Death 3PM
Rockville Nurs Coclai Security Number  49-09-8799  al Residence of Decedent State 10b. County  ryland Montgon Street and Number  837 Langdrum La Marital Status    Never Married 2 Married   Never Married 2 Married   Specify only highest g   Sementary/Secondary (0-12)	sing Home  Sex TXM 2DF  7. As  TXM 2DF  7. As	ge (In yrs. la 76 10c. City, Che	Yrs.	Months Location Chase		Rockv	wn, or Lo rille 24 Hrs.	August cation of Deeth  8. Date of Birtl (Month, Day	12, 199 4c. County Montg	of Death Comery  9. Birthple Countr	ce (Stat	
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cotal Security Number 49-09-8799 at Residence of Decedent State 10b. County  ryland Montgon Street and Number 837 Langdrum La Warital Status Never Married 21 Married B Widowed 4 Divorced  15. Decedent's I (Specify only highest g ementary/Secondary (0-12)	To An and Armed Forces of 1 Days and 12 Mas Decedent Armed Forces of 1 Days 2 Diff Yes, Give	76 10c. City, Che	Yrs.	Months Location Chase		If Under	24 Hrs.	8. Date of Birth (Month, Day	, Year)	9. Birthple Country	ce (State	e or Foreig
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State 10b. County  ryland Montgon Street and Number  837 Langdrum La  Marital Status  Never Married 21X Married B Widowed 4 Divorced  15. Decedent's I  (Specify only highest g  ementary/Secondary (0-12)	ane  12. Was Decedent Armed Forces; 1   Tytes 2   If Yes, Give	Che		hase				100. 1.	, 1721	TIC W		ev
ryland Montgon Street and Number  837 Langdrum La Marital Status  Never Married 2 Married Widowed 4 Divorced  15. Decedent's I (Specify only highest g ementary/Secondary (0-12)	ane  12. Was Decedent Armed Forces; 1   Tytes 2   If Yes, Give	Che		hase								
Street and Number  837 Langdrum La Marital Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedent's I (Specify only highest g ementary/Secondary (0-12)	ane  12. Was Decedent Armed Forces; 1   Tytes 2   If Yes, Give	Ever In U,S	vy C							100	d. Inside	Clty Limit
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Marital Status    Never Married 2 \( \frac{1}{2} \) Married    Widowed 4   Divorced    15. Decedent's I   (Specify only highest g)   Dementary/Secondary (0-12)	12. Was Decedent Armed Forces? 1 Types 2 If Yes, Give	7		101. 21	p Code				log. Citizen of	What Country	y?	
Never Married 2 \( \frac{1}{2} \) Married  S \( \text{Widowed} \) 4 \( \text{Divorced} \)  15. Decedent's I  (Specify only highest g)  ementary/Secondary (0-12)	Armed Forces?  1 Types 2 If Yes, Give	7		208	315			I	Jnited :	States		
B Widowed 4 Divorced  15. Decedent's I (Specify only highest g ementary/Secondary (0-12)	1 TYes 2 If Yes, Give	f	. 1	3. Was Dece	dent of	Hispanic Ori	gin? (Spe	cify Yes or No-	14. Rac	e - American	n Indian,	
15. Decedent's (Specify only highest g	II 165, CIVE	No Worl	.d			oan, Mexicar	i, Puerto	nican, etc.)		ck, White, et	C.	
(Specify only highest g		War		1 ☐ Yes	ZALINO	Specify:			Specify	Whit	e	
ementary/Secondary (0-12)	Education		16a. De	cedent's Usu	al Occu	pation	4 -4		16b. Kind of B			
Steam and a second	College (1-4or	54)	life	ve kind of wo DO NOT u	ise retire	dunng mos d)	t of worki	ng				
Sask and a Many 1991 to Assess to	4	.,	Sup	ervis	or				U.S.	Govern	meni	r
ather's Name (First, Middle, Las	st)					18. Mothe	r's Name	(First, Middle,			THE IT	-
avid Styer						Lili	lian	Richard	lson			
. Informant's Name/Relationship	(Type, Print)		19b. Ma	ailing Addres	s (Stree			Route Numbe		State, Zip C	ode)	
ary K. Styer/Wi	ife		483	7 Lane	odru	m Lane	a. Ch	nevy Cha	ee Ma	rvl and	20	0815
Method of Disposition		20b. Pla	- (					1	20c. Location -			3013
1 Burlal 2 Cremation 3		cer	n <i>etery</i> , c	rematory or	other ple	Augus	st 14	Dete 1997				
4 ☐ Donation 5 ☐ Other (Spec		Mon	cgom	ery C	rema	torium	n, Ir	ic.	Bethes			
O Tuliela Service D	prisee		P	22. Neme e	Aa_C	boxxx (	hage	ert A.	7557 W	ey run	era.	L HO
Much !	eru.	M00	803B	ethes	da.	Maryla	and	, Inc. 20814-3	7557 W.	ISCOIIS	T11 Z	aven
ediete Ceuse (Final ase or condition Iting in death)	e. Conge			rt Fa		е						
uentially list conditions, y, leading to immediate se. Enter Underlying se (Disease or injury	b	Due to (or a	as e cons	sequence of)	:	M						
initiated events Iting in death) Last	d	Due to (or a	is a cons	equence of):								
II. Other significant conditions	contributing to death b	ut not result	ing in the	underlying o	euse gi	ven in Part I.			bacco use co			7
evere Chronic (	Obstructive	e Lung	Dis	ease			_×	1 🗆 Y	es 2 No	3 Probai	bly 4	Unkno
ronchiectasis,	Stroke, Se	eizure	s, M	ultini	farc	t		24a. Wes e perfor		24b. Were availa comp of de	able prio	or to
ementia								1 🗆 Y	es XXNo	101	res 2	KINO
Vas cese referred to medical						26. Place	of Death	(Check only or	10)			-
xeminer? ☐ Yes 2∰No	Hospital: 1 Inpatie	ent 2 El	R/Outpati	ent 3 D	DA Ot	her: 4 Nu	rsing Hor	ne 5 Reside	ence 6 Oth	er (Specify)		
lanner of Death	28a. Date of Inju (Month, Da	ry 2	8b. Time	of 2	28c. Inju Wo			28d. Describe h				
Matural 5 ☐ Pending Investigation		y rear/	injury	М		Yes 2 1	No					
Suicide 6 Could not to determined	d 28e. Place of Inj	ury - At hom c. (Specify)	e, farm, s	street, factor	y, office		2	8f. Location (Si City or Town	treet and Numb n, State)	er or Rural F	Route M.	imber,
	iminer; On the basis of	examinatio	edge, dea n and/or	ath occurred investigation	at the ti	me, date and opinion, deat	d place, a	nd due to the cod at the time, d	ause(s) and ma ate and place,	inner as state and due to th	ed. ne cause	∌(s)
Certifier 1 Certifying Pi (Check only one)	-			29	c. Licens	se number		2	9d. Date signe	d (Month, Da	y, Year)	)
Medical Exa	4.0	nnn							The state of the s			
one) 2   Medical Exa	1 11 /	1 1/1 1 1									A =	
one) 2   Medical Exa	relis,	VID			0265	71		E	August :	13, 19	9/	
	Homicide determine  artifier 12 Certifying P  artifier 2 Medical Example)	determined 29e. Place of in building, et 29e. Place of in building	Homicide determined 25e. Place of injury - At nom building, etc. (Specify)  artifier theck only ne)  1 ★ Certifying Physician: To the best of my knowledge of the basis of examination and manner stated.	Homicide determined 289. Place of Injury - At norme, narm, in building, etc. (Specify)  artifier theck only ne)  1 ☐ Certifying Physician: To the best of my knowledge, defined only and manner stated.	Homicide determined 28e. Place of Injury - At nome, farm, street, factor building, etc. (Specify)  artifier theck only ne)  1 ☐ Certifying Physician: To the best of my knowledge, death occurred 2 ☐ Medical Examiner: On the basis of examination and/or investigation and manner stated.	Homicide determined 288. Place of Injury - At nome, farm, street, factory, office building, etc. (Specify)  artifier theck only ne)  12 Certifying Physician: To the best of my knowledge, death occurred at the timeck only and manner stated.	Homicide determined 25e. Place of injury - At nome, farm, street, factory, office building, etc. (Specify)  artifier theck only ne)  1 ★ Certifying Physician: To the best of my knowledge, death occurred at the time, date and manner stated.	Homicide determined 289. Place of injury - At home, farm, street, factory, office building, etc. (Specify)  artifier theck only ne)  12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, a construction of the construction of the death occurred and manner stated.	Homicide determined 286. Place of Injury - At norme, farm, street, factory, office building, etc. (Specify)  287. Location (Size)  City or Town  288. Place of Injury - At norme, farm, street, factory, office can be used to constant the time, date and place, and due to the constant the constant to the basis of examination and/or investigation, in my opinion, death occurred at the time, date and manner stated.	Homicide determined 289. Place of injury - At home, farm, street, factory, office building, etc. (Specify)  281. Location (Street and Number City or Town, State)  282. Location (Street and Number City or Town, State)  283. Location (Street and Number City or Town, State)  284. Location (Street and Number City or Town, State)  285. Location (Street and Number City or Town, State)	Homicide    See Place of Injury - At nome, farm, street, factory, office   29f. Location (Street and Number of Hural Factory)	Homicide determined 288. Place of Injury - At nome, farm, street, factory, office building, etc. (Specify)  288. Place of Injury - At nome, farm, street, factory, office City or Town, State)  289. Eccation (Street and Number of Hural Houte At City or Town, State)  291. Eccation (Street and Number of Hural Houte At City or Town, State)  293. Eccation (Street and Number of Hural Houte At City or Town, State)  294. Eccation (Street and Number of Hural Houte At City or Town, State)  295. Eccation (Street and Number of Hural Houte At City or Town, State)



State of Maryland / Department of Health and Mental Hygiene 25817 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Oliver Dudley Stewart, 7, 1997 August 3:55 PM /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Patuxent River Naval Hospital Park Lexington St. Mary's If Under 24 Hrs Hours Min. 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Birthpiece (State or Foreign Country)
 Maine **Funerai** Months Days 10XM 20 F Yrs. 73 007-18-0800 February 20, Director Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f shother traumatic event, the Madreal Examinar must be notified 1 Yes 2 No Directo Maryland | St. Mary's Leonardtown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 45066 Medleys Neck Road 20650 death v Funeral United States 12. Was Decedent Ever in U,S.
Armed Forces?

1 ☑ Yes 2 □ No 1 944 If Yes, Give
Year or Dates: 1946 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Pages 1 end 2 should be filed within 72 hours efter cannot of Health and Mertal Hygiene.
ant: If Item 27 is marked other than "natural", or iten
ury or other traumatic event, the Modical Examinary. Black, White, etc. 1 Never Married 2 Married ■ Baltimore, Maryland 21215-0020 1 ☐ Yes 2 💢 No Specify: þ 3€Widowed 4 □ Divorced 1946 White Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 electronics engineer Department of Navy 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Chester Leroy Stewart ပ Esther Lydia Dudley 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Oliver D. Stewart, Jr. P.O. 162, Route 244, Valley Lee, Maryland 20692 20b. Placa of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or once. 4 Donation 5 ☐ Other (Specify) 8-8-97 S. U. H. S. Bethesda, Maryland 22. Name and Address of Fecility
Rapp Funeral Services, P. 21. Signature of Funeral Service Licensee Gist Avenue, Silver Spring, MD 23a. Part1. Enter the disease, or complications thet caused the teath. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Angina Pectoris Examiner Due to (or as a consequenca of): Examiner Coronary Artery Disease, S/P Coronary Bypass Surgery X 2 The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of) pue bunal-tran Records, P.O. Box 68760, Cardiopulmonary Arrest Physician/Medical the Due to (or as a consequence of): use es ettending | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of deeth? 100 signed by t d be detech 1 Yes 2 No 3 Probably 4 Unknown Diabetes Mellitus, COPD by this certificate has been siral director, page 2 should Completed 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2X No 1 ☐ Yes 2X No 1 ☐ Yes Division of Vital To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this certifics completely filled in by the funeral director, i Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ XER/Outpatient 3 ☐ DOA 27. Manner of Death Dete of Injury (Month, Day Year) 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Injury 1 Netural 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 🖄 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner es steted. Medical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30 D15032 August 8, 1997 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Vinod K. Shah, M. D., 24035 Three Notch Road, Hollywood, MD

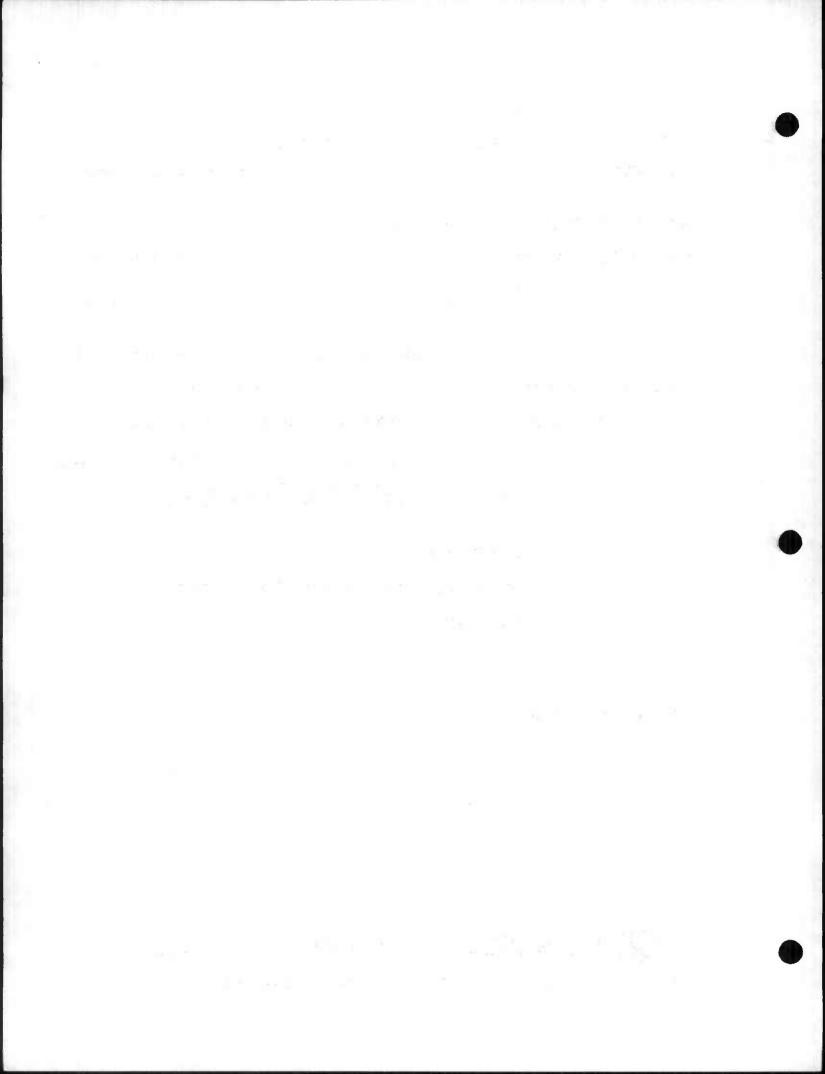
32. Registrar's Signature

Juha Davidson

Registrar

State

31. Date filed (Month, Day, Year) AUG 1



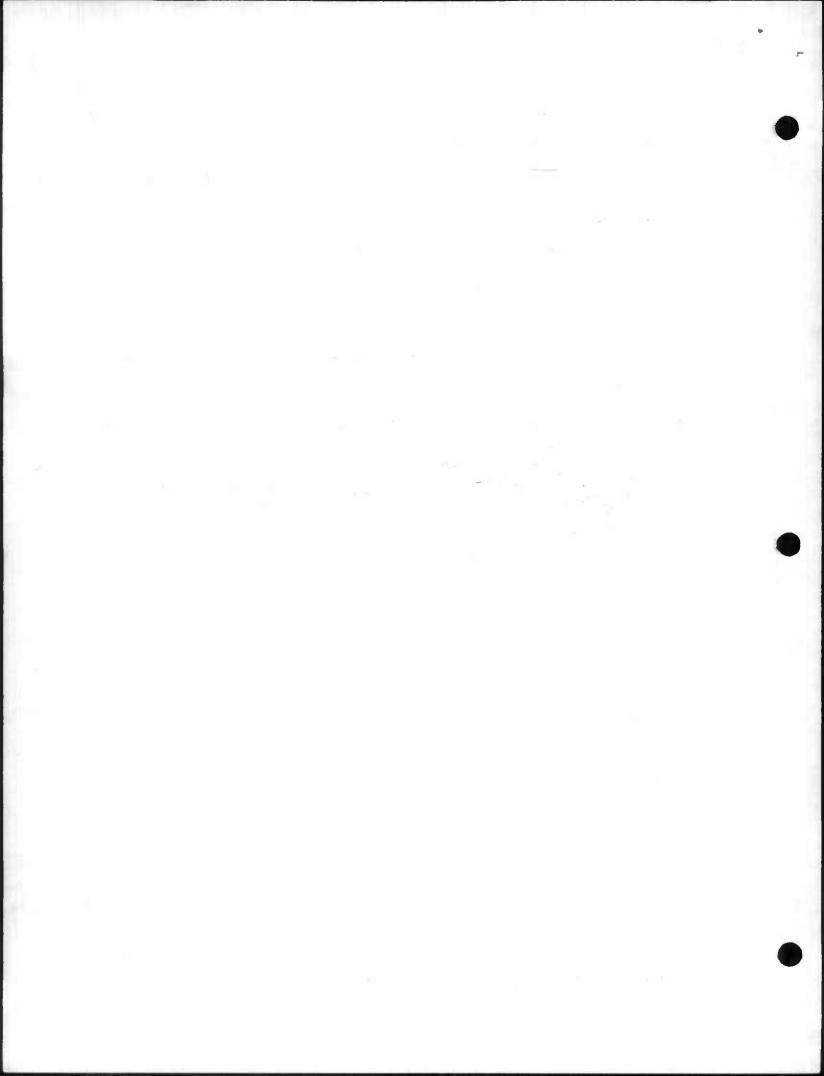
State of Maryland / Department of Health and Mental Hygiene 25818 Certificate of Death Amend #6, 8/12/97, BMW, Montg.Co. Per F.H. 1. Decedant's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day Vaar **Physician** Bessie August 7, 1997

4b. City, Town, or Location of Death

4c. County of Death Steinfield /Medical 8:40 AM 4a. Facility Name (If not institution, giva straat and number) Examiner Shady Grove Adventist Hospital Rockville If Under 24 Hrs. Maryland If Under 1 Year 5. Social Sacurity Number 8. Sex 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpleca (Stata or Foraign Country) **Funeral** Days Hours 10 M 20 F Yrs Director 013-01-2283 86 Aug. 10, 1910 Massachusetts Usual Residence of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Magical Examiner must be notified at 1 ☐ Yes 21 No Maryland Montgomery Gaithersburg Director the 10e. Street end Numbar 10f. Zip Code 10g, Citizen of What Country? 19301 Watkins Mill Rd. 20879 United States Funeral death 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11 Marital Status hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White Specify: by 3 Midowed 4 ☐ Divorced it Yes, Give Yaar or Datas: Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada completed) 16b. Kind of Businass/Industry filed within 7 Hygiene. Elamentary/Secondery (0-12) Collaga (1-4or 5+) 12 18. Mother's Name (First, Middle, Meiden Surnema) Store Owner 17. Fathar's Name (First, Middla, Last) 12 should be fill h end Mental H r is marked oth Be Lo Samuel Yaffee Minnie Choloff 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Peges 1 and 2 st Department of Health end Important: If Item 27 is n any Injury or other traun once. Arthur Gelvin (Son) 19735 Greenside Terrace, Gaithersburg, MD. 20879 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition Deta 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 🖾 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Sudikov Cemetery 8-10-97 Everett, Massachusetts 22. Nama and Addrass of Facility Danzansky-Goldberg Mem. Chapels, Inc. 1170 Rockville Pike, Rockville, MD. 20852 Approximata tntarval Batween Onset end Death 23a. Part1. Enter used saasa or complications that ceused the death. Do not anter the mode of dying, such es cardiac or raspiratory errast, shock, or heart failure. List only one ceuse on each line. **Physiclan** /Medical Immediata Causa (Final disaasa or condition rasulting in deeth) Intestinal Perforation Examiner Dua to (or es a conseguança of): Examiner Sequentially list conditions, if eny, laeding to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that injured average) pue Dua to (or as a consequence of): -buriel-Box 68760 ician 8 Physician/Medical physi the that initieted avants resulting in daath) Last Dua to (or es e consequance of): attending USB 0 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. the signed by 3 □ Probably 4 □ Unknown 1 ☐ Yes 2 No Anemia Records, by 24b. Wara autopsy findings aveilable prior to complation of cause of death? 24e. Was an eutopsy performed? Completed peeu Hypertension has page 2 Hypothyroidism certificate 1 Yas 1 ☐ Yes 2 ☐ No 2 No Division of Vital 25. Was cese referred to medicel axeminar?
1 ☐ Yas 2∑ No 26. Place of Death (Check only ona) Be Hospital: Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) P ©⊠npatiant 2 ☐ ER/Outpatiant 3 ☐ DOA this 28a. Dete of Injury (Month, Day Year) 27. Mannar of Deeth 28d. Dascribe how Injury occurred 28c. Injury at Work? Certification: 28b. Time of i or Attanding P after deeth. After 1X Natural 5 Pending 1 ☐ Yes 2 ☐ No Invastigation 2 Accidant 6 Could not be determined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 3 4 Homlcida A Hospital \*\*ECartifying Phyaician: To tha best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner as steled.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and manner stated. edicai 29e. Cartifian (Check only one) within 2 To the 29b. Signetura end titla of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Yaar) D 41731 August 7, 1997 30. Nama and addrass of person who complated ceusa of death (Item 23a) (Type, Print) Robert Eisdoffer, 10076 Darnestown Rd., Rockville, MD. 20850 32. Registrar's Signature State Registrar

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 25819 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** August 10, John W. Stauder 1997 2:10P. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 5501 42nd Avenue Hyattsville Prince George's If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 8. Date of Birth (Month, Dey, Year) May22, 1939 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country)
Ohio **Funeral** Deys 1**X**XM 2□ F 301-32-7836 58 Yrs Director Usuel Residence of Dacedeni the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show or other traumatic event, the Medical Examinar must be notified at Maryland Prince George's 1XX es 2 □ No Director Hyattsville 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? ŏ 5501 42nd Avenue 20781 United States or items 23a Funerai 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes ★★★No If Yes, Give Yeer or Detes: 11. Maritel Status Wes Decedent of Hispento Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No White Baltimore, Maryland 21215-0020 Specify: þ permit. Pages 1 and 2 should be filed within 72 hours Department of Heelth and Mentel Hygiene. Important: If them 27 is marked other then "naturel", any injury or other traumatic event 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Secondery (0-12) Prince George's County Collaga (1-4or 5+) Deputy Director of Addiction Health Department 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Robert W. Stauder Bernyce Jungbluth 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Coda) Kathleen M. Stauder (wife) same as #10 20e. Mathod of Disposition

12 Cremation 3 Removal from State 20b. Place of Disposition (Nama of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Gate of Heaven Cemetery 8/15/1997 Silver Spring, Maryland 4 □ Donation 5 □ Other (Spacify) 21. Signature of Junerel Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Pert1. Enter the disease, or complexitions that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one causa on aech line. **Physician** 3 months /Medicai Immediete Ceuse (Finet ancreate cancer disease or condition resulting to deeth) Examiner Examiner requires that the death certificate be executed buriel-trensi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated avants resulting in deeth) Lest pue Due to (or es e consaguence of): P.O. Box 68760, attending physicien for use es the burie Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t thrombophle bitis 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings aveileble prior to completion of cause of deeth? certificate hes been si rector, page 2 should Completed 24a. Wes an eutopsy The law I 1 Yes 1 ☐ Yes 2 No • Hospital or Attending Physician: 24 hours efter death.
• Funeral Director: After this certifical efter in the funeral director; 25. Was casa referred to medical Be 26. Ptece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28d. Describe how Injury occurred 27. Mannar of Deeth 28a. Dete of Injury (Month, Dev Yeer) 28b. Tima of 28c. Injury et Work? Medical Certification: 1 Naturel 2 Accident 5 Pending 1 ☐ Yes 2 No investigation 6 Could not be datarminad 3 Sutcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Pleca of Injury - At homa, farm, straet, fectory, office building, etc. (Specify) 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled 1 Certifying Physician: To the bast of my knowladga, daath occurred at tha tima, data end plece, and dua to tha cause(s) end menner es steted.
2 Medicat Examinar: On the basis of examinetion end/or invastigetion, in my opinion, daath occurred at tha tima, deta and place, end due to the ceusa(s) and mennar steted. 29a. Cartifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) (W) August 12, 1997 30. Name and address of person who complated cause of daeth (Item 23e) (Type, Print)

David J. Perry, M.D. 110 Irving Street, N.W. Washington, D.C. 20010-2975

**DHMH 16 Rev 6/95** 

State

Registrar

31. Date filed (Month, Day, Yeer)

AUG 1 4 1997

32. Registrer's Stgneture

relia Davidson

State of Maryland / Department of Health and Mental Hygiene 97 25820

								Certi	ificate	e of	Death			Reg. N		1	200	120
				ame (First, Middle, Li									2. Date of D	eath			3. Time	of Death
ı	Physic /Medi		Charles	FitzGera	ld Stua	rt,	Sr.						August	: 12	2, 199	97	4:00	A.M.
	Exami		4a. Facility Neme	e (If not institution, gi	ve street and n	um <i>ber)</i>					4b. City, To	wn, or L	ocation of Dee	th 4	c. County o	of Death		-
			Suburba	n Hospita	1					В	ethes	da		N	lontgo	omer	V	
П	Funeral	Г	5. Social Security		Sex	7. Age	(in yrs. last bii		If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Dete of B	irth	7	n Diethe	Jana /Ctata	or Foreign
Ш	Director		577-30-	-9907	1 <b>∆</b> M 2□ F	72		Yrs.	WOTHIS	Days	110013	IVIIII.	Sept.	25,	1924 I	Doug	lasto	n, NY
Т	pu *	1	Usual Residence	e of Decadent 10b. County			10c. City, Tow	m or I oos	tion									
	Maryla Ff sho	tor	MD	Montgom	ery		Kensin		ition								1 TYes	s 2X No
	r 28	Director	10e. Street and t	Number					10f. Zip	Code				10g. C	itizen of W	hat Cour	ntry?	
	h with		10319 F	awcett St	reet				2089	95				U.S.	Α.			
	deat	Funerai	11. Maritel Statu	ıs	12. Was De	cadent Ev	rer in U,S.	13. Wa	s Deced	ent of H	lispanic Ori	gin? (Sp	pecify Yes or No Rican, etc.)	lo-			an Indian,	-
21215-0020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, i'm Medical Examiner must be indiffed at once.	by Fu		arried 2 XMarried d 4 Divorced		2 □ No Sive	WWII		Yes 2		Specify:		Hican, etc.)		Specify:	White,		
0	2 hot			15. Decedent's E	ducation		16a	. Deceder	nt's Uaua	Occup	ation			16b. I	Kind of Bus	siness/In	dustry	
218	hin 7	Completed		pecify only highest greecondary (0-12)		() (1-4or 5+)		(Give kir	NOT us	k done	durina mos	t of work	king					
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pu	office of Hy	Be	17. Father'a Nam	ne (First, Middle, Lasi	1)						18. Mothe	er's Nam	e (First, Middl	e, Maide	n Sumame	9)		
Ial	uld b Went	To	John Mc	Hugh Stuar	rt, Sr.						Mari	e F	itzGera	1d				
Maryland	sho end l		19a. Informant's	Name/Relationship	(Type, Print)		195	. Mailing	Address	(Street	and Numb	er or Ru	ral Route Num	ber, City	or Town, S	State, Zip	Code)	
	auth 127 i		Charles	F. Stuart	t, Jr.	So	n 90	01 C	liff	ord	Ave.	, Ch	evy Cha	ase,	MD 2	0815		
Ore	of He item		20a. Method of D		70		20b. Placa o cemete	f Dispositi	ion (Nam	e of ther place	ce)		Date	20c. l	ocation - C	City or To	own, State	
Ĕ	Pag nent int: If			2 Cremation 3 on 5 Other (Speci		n State	Gate (	Of He	aver	ı Ce	meter	y 8	3/16/97	Si1	ver S	Sprin	ng, MI	)
Baltimore,	Departr Importa any inju		21. Signature of	Funeral Service Lica	nsee			22. N	vame and	d Addre	ss of Facili	y Jos	seph Ga	wler	's Sc	ns.	Inc.	
m	88558		1	han									Washi					
	MI H		23a. Part1, Ente	er the disease, or con- neart fallure. List only	plications that	caused th	ne death. Do										Approxima	ate
П	Physician	-	SHOCK, OF IT	lean failule. List office	Polle cause on	each line										1	Onset and	Death
	/Medical		Immediate Caua disease or condi			Id	iopathi	ic Pu	1mor	nary	Fibr	osis	3			1	10 yea	ars
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000	aw requise been 2 should	piet											per	formed?		CO	mpletion of death?	cause
m.	9 4 6	Completed											1	Yes 2	M No	1.5	Yea 2	7 No
Division of Vital Records,		Be C		ferred to medical							26 Place	of Deal	th (Check only			-	3100 22	3 110
>	Physician: r this certific ral director,	0	examiner?	Ď <b>X</b> No	Hospital:	Inpatient	2 □ ER/Ou	utpatient	3 DO	A Oth	er.		ome 5 Re		6 □Other	r (Specif	(v)	
0	er thi	n: T	27. Manner of De		28a. Date		28b.	Time of		Bc. Injur Wor			28d. Describe	_			,	
0	Attending or death.	atio	1 Manural 2 ☐ Accident	5 ☐ Pending investigatio		nin, Day	ear)	Injury	М		Yes 2□	No						
N N	Afte octo by th	ific	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	288. Plac	e of Injury	- At home, fa	ırm, street	t, factory	office		-	28f. Location City or To	(Street a	nd Numbe	r or Rure	A Route Nu	m <i>ber</i> ,
	s after	Certification:	4   Homicion		DUIR	ding, etc.	(Брөсіту)						City or T	own, Sta	(6)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral	edicai	29a. Certifier (Check only one)	1 ☑ Cartifying Pr 2 ☐ Madical Exam	miner: On the b	e best of a	xamination an	e, death od d/or inves	ccurred a	it the tin	ne, date en pinion, dea	d place, th occur	and due to the red at the time	e cause(s e, date ar	s) and man	ner as s nd due to	tated.	(s)
	omple of the	Me	29b. Signeture a	nd title of certifier	111		. An	_	29c.	Licens	e number			29d. D	ate signed	(Month,	Day, Year)	
	10		1/2	and A	Hel	des	ry	2	D	4779	91			Augu	ıst l	2, 1	997	
				dress of person who														
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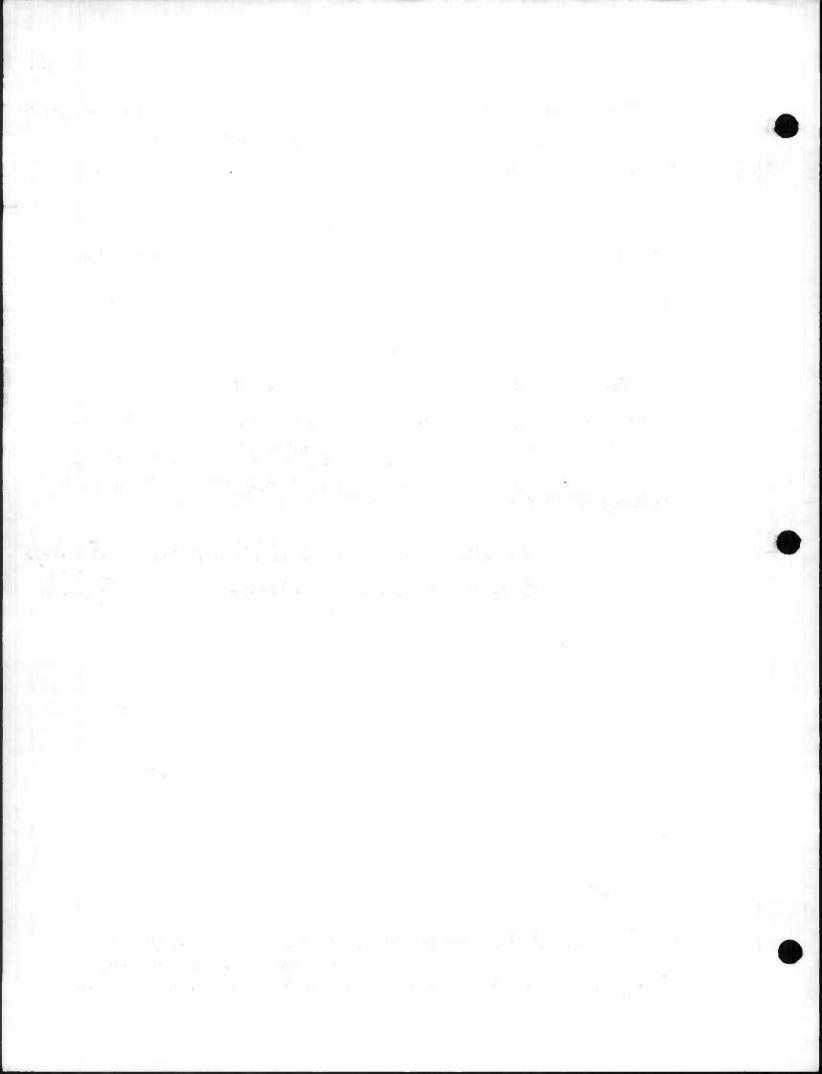
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/Medi		Elizabeth								Month 8	9	97	3-p.W
xamir	ner	4e. Facility Name (If not institution,	-	n <i>ber)</i>				-		cation of Death	4c. County		,
_	,	Holy Cross Hosp  5. Sociel Security Number		7. Age (In yrs.	het hidhday	If Under	r 1 Year	Silver If Under:				tgome	
neral ottor		076-10-5045 Usuel Residence of Decedent	1 M 2 X F	81	Yrs.	Months		Hours	Min.	8. Date of Birth (Month, Day Dec. 16	Year) 1915		place (State or Foreign htry) York
ed at	o	10e. State 10b. County			ty, Town or L		D C						10d. fnside City Limits
	Director	10e. Street end Number		W	lashing	10f. Zip		•		1	Og. Citizen of	What Cou	ntn/?
18		5186 Fulton Str	oot NU				016				Unite		
1	Funerai	11. Marital Status	12. Was Dece	dent Ever in U	J.S. 13.	Was Deced	dent of h	lispanic Orig	gin? (Spe	ecify Yes or No-		-	can Indian,
edical Examiner must be notified at	þ	1 ☐ Never Merried 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced	Armed For ed 1 ☐ Yes If Yes, Giv Year or Da	2 🔀 No e		If Yes, spec 1 ☐ Yes	cify Cub	an, Mexican Specify:	, Puerto	Rican, etc.)	Specil	ck, White, y: Wh	etc.
	P	15. Decedent	s Education		16a. Dece	edent's Usua	al Occur	pation			16b. Kind of B	usiness/In	dustry
the Medical	Completed	(Specify only highest Elementary/Secondary (0-12)	College (1	-4or 5+)	life.	nemake	se retire	during most d)	t of worki	ing	Own H	ome	
event,	Be	17. Fether's Neme (First, Middle, L	ast)					18. Mothe	r's Name	(First, Middle,	Meiden Sumar	ne)	
illo e	ToB	Merritt Lawrence	e Vogel					Hele	ena I	Ouffy			
traumatic		19a. Informant's Name/Reletionsh	ip (Type, Print)		19b. Maili	ing Address	S (Street	and Numbe	or Aura	al Route Number	, City or Town	State, Zip	Code)
on leino		Mary Ann Billing	s/Daughte	er	5186	Fulto	n S	treet,	NW	Washing	ton, D	.C.	20016
		20a. Method of Disposition	0	20b. I	Place of Disponentery, cre	osition (Nan	ne of other pla	ce) A		Date 11, 1997	20c. Location	- City or To	own, State
5		1 ☐ Buriel 2 ☑ Cremation 4 ☐ Donation 5 ☐ Other (Sp		Mo	ntgome	rv Cr	emat	augu	Ist In	ic. 1997	ethesda	a. Ma	rvland
any injury once.		21. Signature of Funeral Service L	icensee		P.2	2. Name en	nd Addre	ss of Facility	y I	Zunovol	Homo /B	ethes	da-Chevy ise, Inc.
E 8		10 11 15 Ac	21		L/C	1567 -	4.	r minhirr	AVIOT	unerar	nome/	Cha	ise, Inc.
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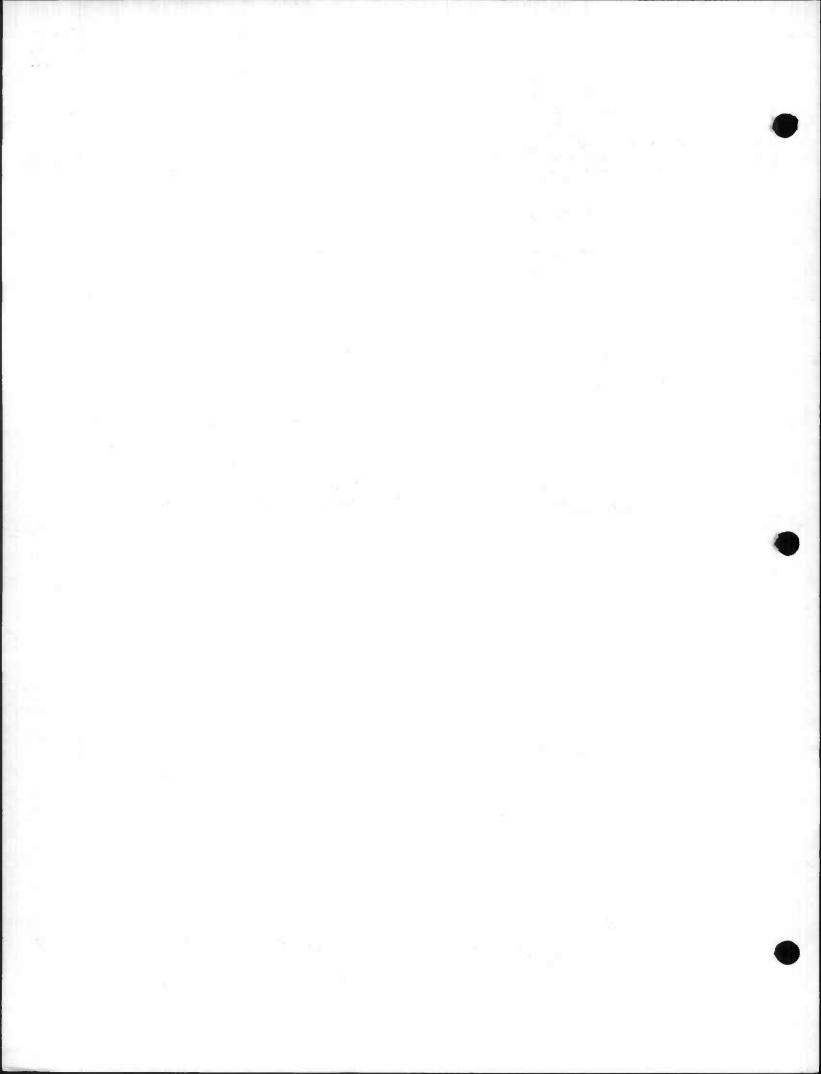
State



State of Maryland / Department of Health and Mental Hygiene 97

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					Cer	tificate of	Death		Reg. No.	•	
Physic /Med		1. Decedant's Nama (First, Middla, L		Sh	arc	] :=		2. Date of D Month Aug.		Yaer	3. Time of Death 5:55pm
Exam		4a. Facility Name (If not institution, go Suburban Hospita	iva street and number	7)			4b. City, Tow Bethes	n, or Location of Dea	th 4c. County	of Death	-
Funera Directo		5. Social Security Number 6. 017–34–7242  Usual Rasidance of Dacedant	Sex 7. A 1 ☐ M 2 🔯 F	nga (in yrs. last i 92	birthday) Yrs.	If Under 1 Yea Months Days		Hrs. 8. Data of Bi (Month, D Nov • 14	irth ay, Year)		iace (State or Foreign
e Maryland	ctor	10a. State 10b. County MD Montgo	mery	10c. City, To Gaithe						1	0d. Inside City Limits 1 ☐ Yes 2 🛣 No
th with th 23e or 28	Funeral Director	10e. Street and Number 210 Whitcliff Co	urt			10f. Zip Coda 2087	<b>'</b> 8	11.0	10g. Citizan of Unite		*
<b>EXITIMORE,</b> Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiana. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Example must be published at more injury or other traumatic event, the Medical Example.	þ	11. Maritai Status  1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Deceden Armed Forcas 1  Yes 2 If Yas, Giva Year or Dates	? <b>X</b> No	If	Vas Decedant of Yas, specify Cu ☐ Yes 2 <sup>™</sup> No	ban, Mexican,	n? (Specify Yas or N Puerto Rican, atc.)		ce - Amaric ck, White, y: Whi	etc.
21215-0020 d within 72 hours af giana. rr than "natural", or , tre Medical Extra	Completed	15. Decedent's E(Specify only highest gi	Education rada complated) Collage (1-4or	5+1		ent's Usuei Occi kind of work doni 10 NOT use ratir Maker	upation a during most ( ed)	of working	16b. Kind of B		fustry
Maryland 2 to 2 should be filed tith and Mental Hygi 7 is marked other traumatic event, it	To Be Co	17. Father's Nema (First, Middla, Las Harry Libber	t)					s Nama (First, Middle a Rayman			TANK T
, Mar, and 2 sho saith and 1 27 is ma or traume	ľ	19a. informant's Name/Ralationship Harold Shore-Son						or Rural Routa Numi t Gaithers	-		
Baltimore, bemit. Pagas 1 ar Department of Haa mportant: If Itam: Any Injury or othe		20a. Mathod of Disposition 1 XBurial 2 Cramation 3 ( 4 Donation 5 Other (Spec	ify)	e cemei	ta <i>ry, cr</i> am vood	Sition (Nama of eterry or other pl	rk	Data 8/8/97	20c. Location Randolp		
Depa limbo		21. Signature of Funaral Sarvice Liou			10	91 Rock	ville l	neral Dire	rille, M	D 208	52
Physician /Medica		23a. Part 1. Enter the disease or conshook, or heert failura. List only Immediate Causa (Final disease or condition									Approximata Intervel Between Onset and Death
Examine		rasulting in daath)	A.	Dua to (or as	a consequ	uance of):	Lact	retion			10 years
X D8 / DU, artificata be asscuted ling physician and sa as the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated avants resulting in death) Last	c	Due to (or as a	a consequ	uance of):					
0 6 5	Physician/N	Part ii. Other significent conditions	d	but not resulting	in the un	dariving cause o	ivan in Pert i	23h Dio	I tobecco use co	entribute to	the cause of death?
requires that the death seen signed by the atter hould be detached for u	by Phys	^			111000	danying codoc g			Yes 25/40		babiy 4 ☐ Unknown
2 s a	Completed b	preum	mia					24e, Wa per	s an autopsy formed?	ava	ere autopsy findings allabie prior to mpletion of ceuse daath?
VITAI H		25. Was cesa raferred to medical							Yas 200 No	10	Yas 2 No
	o Be	axaminar?	Hospital:	tient 2 FR/0	Dutpatient	3□ DOA O	ther:	of Daath <i>(Chack only</i> sing Homa 5☐ Res		ner (Snecih	v)
UNISION OF To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completaly filled in by the funeral di	Certification: T	27. Mennar of Death  1 Naturai 5 Panding 2 Accidant investigetic 3 Sulcida 6 Could not	28a. Date of Inj (Month, D	jury 28b	Tima of Injury	28c. Inj		28d. Describe	how injury occur	rred	
UIVI Ital or At Iras after or ral Direct Ited in by		4 ☐ Homicide determined	building, a	atc. (Spacify)		at, factory, office		City or To	(Street and Num. own, Stete)		
To the Hospital of within 24 hours at To the Funeral D complataly filled in	edical	29a. Cartifiar (Check only one)  1 Certifying P 2 Madical Exp	hysician: To the best ner: On the basis and manners	ot axamination a	ga, daath and/or inv	occurred at that astigation, in my	tima, data and opinion, daath	place, and dua to the occurred at the time	ceusa(s) and <i>m</i> , data and piece,	enner as st and dua to	ated. tha causa(s)
To the To the Com	W	29b. Signatura and title of carriller	Sm	)			3510	3	Ansus		Day, Year) 1997
			accare;	33~	624	o mor	wase	Re C	Pocker	100	wo
S <sup>i</sup> Regis	tate trar	31. Dete filed (Month, Pay Year) AUG 11	1997 32. Regis	rar's Signature	an-P	male					



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2 Date of Deeth

Day

AUGUST 11, 1997

25823

3. Time of Deeth

5:15 AM

10d. Inside City Limits

1 ☑ Yes 2 ☐ No

**Physician** /Medical Examiner

HENRY DAVID SELFON

1. Decedent's Name (First, Middle, Last)

4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth North, Days, Yeer OCT. 10, 1906 PENNSYLVANIA 5. Social Security Number 7. Age (In vrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** 1 M 2□ F 182-01-7954 90 Director Usuel Residence of Decedent 10e. State 10b. County 10c. City. Town or Location name 23s or 28a-f show Director MARYLAND MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Нета 23а 13116 FOX HALL DRIVE 20906 Funeral UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 11. Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 No Specify: Specify: WHITE by 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 2 HABERDASHER HABERDASHERY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) th and Mental F Be ROBERT SELFON PAULINE "UNKNOWN" 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) or other tra DR. PAUL SELFON/SON 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State Department of important: If any injury or once. 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical neumon Examiner Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last Box 68760 Physician/Medical phys the Due to (or as e consequence of): use P.O. Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 3 1 ☐ Yes 2 ☐ No Leav Records. by Completed 24a. Was an autopsy Sclevatic 1 Yes 2 No Vital Be 25. Was case referred to medical examiner? 28. Plece of Death (Check only one) Hospital: 1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA P 1 Yes 20 No Division of 27. Menner of Deeth Certification: 28d. Describe how Injury occurred 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 5 Pending investigation Attending 1 Yes 2 No 2 Accident after deat Director: 6 ☐ Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide ŏ 24 hours edicai 29a, Certifier (Check only one) within 2 To the 29b. Signature end title of certifier 29c. License number 0

13116 FOX HALL DRIVE, SILVER SPRING, MD 20906 20c. Location - City or Town, State JUDEAN MEMORIAL GARDENS 8/13/97 OLNEY, MARYLAND DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 Approximete Intervel Between Onset and Deeth 23b. Did tobacco uea contribute to the cause of death? 3 Probably ■Unknown 24b. Were eutopsy findings evailable prior to completion of cause of death? 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) PHILLIP DR., Swike 212, OLNEY, PRINCE 32. Registrar'e Signature Fulia Davidson

State Registrar

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OHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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		1. OECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  2. TIME OF DEATH													3. TIME OF OEATH	
3 should		Charles Savitzky									August 8, 1997				2:10 P	
		4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. In		n yrs. last birti		IF UNDER 1 YEAR   IF UNDER 24 H				OF BIRTH	8. BIRTHE		PLACE (State or Foreign	
	DIRECTOR	504-18-5510		1 🖳 M 2 🗆 F	84		RS. MONTH	ONTHS DAYS HO		MIN.	Dec.		912 New York		York	
		9a. FACILITY NAME (If not institution, give :								OR LOCATION OF DE		EATH		9c, COUNTY OF OEATH		
6,		Hebrew Home of Greater Washingt					on Rockville				Montgom				ery	
ges	E SE	10a. STATE	тү	10c. C			TY, TOWN OR LOCATION							10d. INSIDE CITY		
돌 전		Florida	vard	ard D			eerfield Beach							LIMITS?		
t peru	BE COMPLETED BY FUNERAL	10. STREET AND NUMBER  Granthan F-280							10f. ZIP COD			-	10g. CITIZEN OF WHAT COUNTRY?			
transi		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF							3342						States	
In by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, removed		1 Never Married 2 🖺 3 Widowed 4 Div	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS OECENDENT OF HISPANIC ORI				verto Rican, etc.) Black			— American Indian, Whita, atc. y: Lte		
		15. DEC (Specify on	UCATION le completed)	18a. DECEDE	CEDENT'S USUAL OCCUPATION we kind of work done during most of working			ina	16b. KIND OF BUSINESS/INDUSTRY							
		Elementary/Secondary (	Coffege (1-4 or 5+)		Ille. Do F	. Do NOT use retired.)										
detacher once.		17. FATHER'S NAME (First, A	5 + Te			acher				Board of Educati				.on		
at of		Meyer Savitzky					18, MOTHER'S NAM					ME (First, Middle, Meiden Surname)  Nellie Berman				
5 should notified							INCLITE  MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						Cordei	Derman		
e 5 st	2														20902	
r, page		20a. METHOO OF OISPOSIT		noval from State	20b. F	PLACE AND D	ATE OF DISE	POSITION	(Name of		DAT		CATION -			
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funeral director, p. l.		21. SIGNATURE OF FUNERA		1	22 NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Mem. Chapel, Inc							Inc				
the fu	11.11	TM/1	N	5				117	0 Rocl	kvil:	le P	ike, Ro	ckvi	11e,	MD. 2085	
ng physician and completely filled giene prior to burial, cremation, o other traumatic event, the m		23. PART I. Enter the d ahock, or h	liseases, or leart failure	complications the	of ceused	the death.	Do not en	ier the	mode of dy	ring, suc	ch aa car	diac or respi	ratory arr	eat,	Approximate	
		IMMEDIATE CAUSE (Final														
		disease or condition a. NON-HOPG-KINS LYMPHOMA  BUE TO (OR AS A CONSEQUENCE OF):    Contract   Cont														
	_			DOE TO	(UH AS A I	CONSEQUEN	CE OF):									
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												1		
	2	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	с												
	빝	thet initiated events  The constitution of the														
	빙	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
een signed by the att. of Health and Menta	A	PART II. Other algnifice	ent conditio	na contributing to	deeth but	t not reault	ting in the	underiy	ing ceuse	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
signed the Health a	DICAL										1 TYES 2 NO				COMPLETION OF CAUSE OF DEATH?	
been signature of He	E	212 722 422 4													1 YES 2 NO	
as the	AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VINCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
this certificate with the State rked, or Iten	SICI	EXAMINER?	O MEDICAL	HOSPITAL:			ОТН	ER:								
	主	27. MANNER OF DEATH		28a. DATE OF	INJURY		. TIME OF	26c.	INJURY AT	esidence	_	SCRIBE HOW IN	JURY OCC	URED		
	ВУ Р	1 M Natural 5 Pending (Month, Day, Year) 2 Accident Investigation					INJURY WORK?  M I _ YES 2 _ NO									
R: After er death is ma	٥	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At ho					ne, farm, streel, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Yours Stella)					
DIRECTOR: After hours after death item 28 is ma	ETE	4   Homicide determined   City or Yown, State)														
= N =	1 1 13	29a. CERTIFIER  (Check only one)  One)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.														
TO THE FUNERAL be filed within 72 IMPORTANT: II	COMPI	2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the lime, data and piece, and due to the cause(a) and manner as stated.														
Fled w	BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mc1111, Day, Sar)														
2 % N	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
6		STEVEN LIPSON WIZI MONTROSE ROAD, ROCKVILLE, MI														
		31. DATE FILED IN DAY.	Z 1997	Jula L	B'E SIGNAT	rune N-Jana	200									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

3. TIME OF DEATH

REG NO

2. DATE OF DEATH

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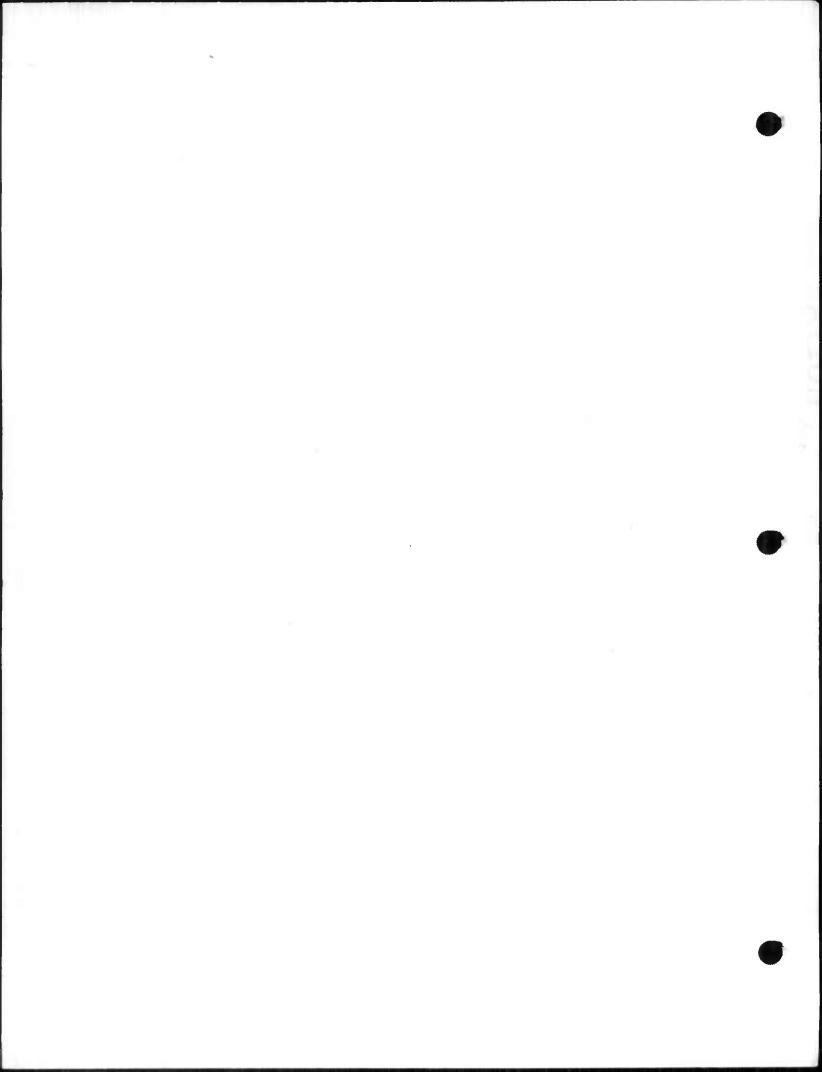
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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WIRE CILI UG 18 25 4. SOCIAL BECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year June 9, 6. AGE (in yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 225-23-4846 1 X M 2 F 31 Indiana Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 940 Willowleaf Way DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville permit. 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 940 Willowleaf Way burial-transit 20854 USA physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 27
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married BY 1 YES 2 1 NO Specify: Specify 3 Widowed 4 Divorced detached for use as the White COMPLETED 16. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Unemployed N/A once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) 8 Lawrence F. Sancilio Ħ Rose Liffrig BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lawrence F. Sancilio /Father 940 Willowleaf Way, Rockville, Maryland 20854 å 20s. METHOD OF DISPOSITION
125 Burlet 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 Ø Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must filled in by the funeral director, Greenwood Cemetery 8/1297Brooklyn, New York examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue after death Silver Spring, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, disease or condition\_ ASPHYXIA traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE QF): DUE TO (OR AS A CONSEQUENCE OF): NDEF CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS amy AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 10 16 shows 1 YES 2 NO been t. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate h OTHER: 1 YES 2 NO 1 Inpetient 2 I ER/Outpetient 3 I DOA 6 C Other (Specify) the state 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this marked. Month, Day, 1 Natural Pending Investigation M 1 YES 2 NO HUNG FROM After death BY IOROH 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 69 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide determined 28 HOME Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as ateted. THE HOSPITAL THE FUNERAL ( filed within 72 h TO THE FUNERAL (
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis tigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month, Day, Year) 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WOOD 32. BEGISTRAD'S SIGNATURE wha Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene 97

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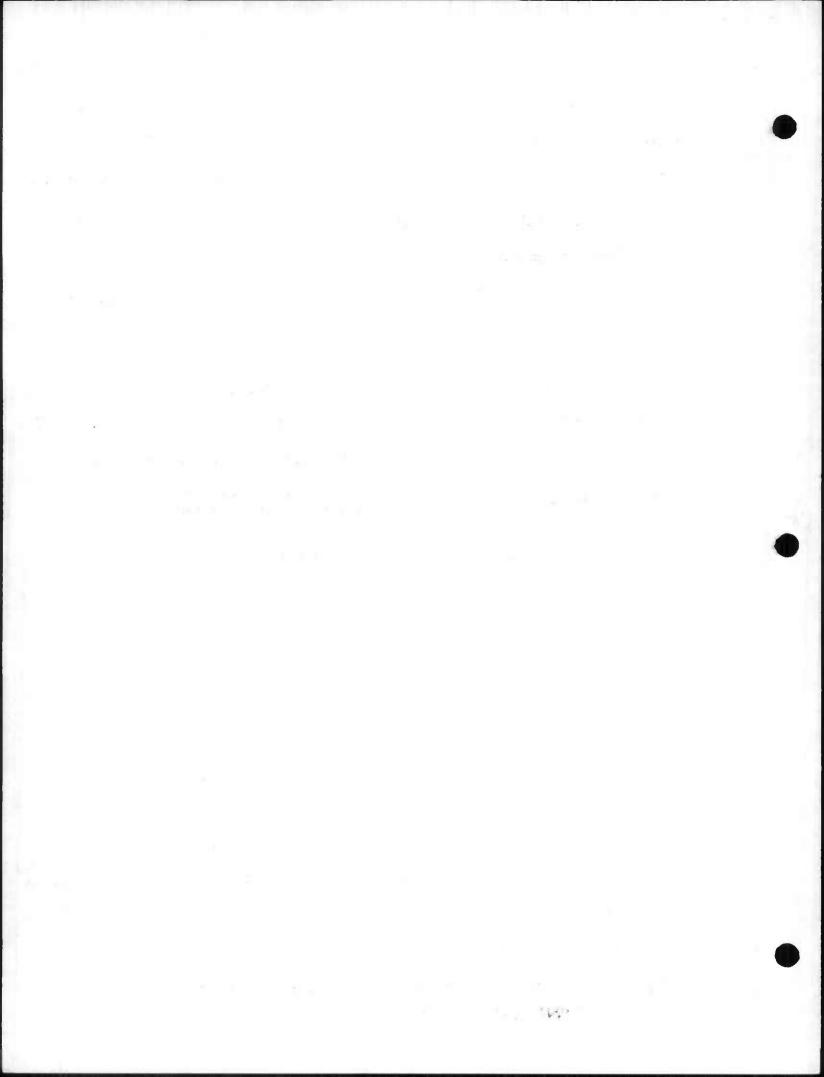
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	ician	1. Decedent's Neme (First, Mi Goldie Juan		remple	1 190					2. Dete of D Month Augus	Dey	Yeer	3. Time of Death		
	dicai niner	4e. Facility Neme (If not institu	tion, give street	end number)				4b. City, Tow	vn, or Loc			nty of Deeth			
1 LAGI		Memorial Hos	nital					Cumbe	rlan	d	Δ11	legany	7		
Funer	ol	5. Social Security Number	6. Sex	7. Age	(In yrs. last birt		r 1 Yeer	If Under 2		8. Dete of B					
Direct		234-80-1685 Usuel Residance of Decedent	1 M 2			rs. Months	Deys	Hours	Min.	Nov.17	7,1917		nplece (Stete or Fore untry) st Virgin:		
erylenc ehow		10a. State 10b. Cou	nty		10c. City, Town	or Location							10d. Inside City Lim		
h the Meryler r 28a-f ehow	ţ	MD Garr	ett		Mounta	ain Lake	e Par	rk					1 1 Yes 2 1		
<b>E 23</b>	I Direc	10e. Street end Number 211 Oak St.		J			p Code 1550				10g. Citizen o		untry?		
- P 2 2	by Funeral Director	3 ☐Widowed 4 ☐ Divord	larried 1 [	es Decedent Ev med Forces? Yes 2X No Yes, Give eer or Detes:		13. Wes Dece If Yes, spe			in? (Spe Puerto F	cify Yes or N Ricen, etc.)	lo- 14. R B	leck, White	icen Indien, o, etc. nite		
T C 3	To Be Completed	15. Decad (Specify only hig Elementery/Secondery (0-1)		pleted) ollaga (1-4or 5+)		Decedent's Usu (Give kind of wo life. DO NOT	ork done use retire	petion during most d)	of workin	ng .		6b. Kind of Business/Industry			
12 2 Hert	ပိ	17 Fother's Name /First Minte	Yo Look)			Homemaker Own Homemaker Its. Mother's Neme (First, Middle, Melden Sumame)							one		
ylanc wid be fi Wental H rrked ot	To Be	17. Fether's Name (First, Midd Solomon Henry						e (Kee		am e)					
Mar nd 2 sho sith and 27 is me		19a, Informent's Name/Raletic Barbara Carol	onship <i>(Type, Pr</i> .yn Stur	nint) M	19b.	Meiling Address 211 Oak	s (Street St.	end Number Mt. L	or Rurei ake	Park,	ber, City or Tow MD 215		ip Code)		
Baltimore, Maryland 212: pemit. Pages 1 end 2 should be filed withir Department of Heelth and Mental Hygiene. Important: If Item 27 is merked other than any Injury or other traumetic event, the M		20a. Mathod of Disposition  1 A Burlal 2 Crematic 4 Donetion 5 Other		el from State	cemeter	Disposition (Ne v, cremetory or o Roads (	other ple	ce) tery	8/1	Deta 2/97	20c. Location				
Physician		21. Signeture of Funerel Servi	ce Licensee					ess of Fecility		Funeral Home					
		5. Marle	Simo			202 0	2000	an Ct	Chami	h MT	21502				
		23a. Part1. Enter the diseesa shock, or heert feilure. L	or complication ist only one ceu	s thet caused these on each line	ne daath. Do n	ol enter the mod	de of dyi	ng, such es c	cardiac or	respiretory	errest,		Approximete Interval Between Onset end Death		
/Medic Examine	_	Immediate Ceusa (Final diseese or condition rasulting in deeth)	еМ	Massive brain hemorrhage								12 hours			
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60, be ex	<u></u>	Sequentielly list conditions, if eny, leeding to immediata causa. Enter UnderlyIng Ceuse (Disease or injury	<b>J</b> .								1				
ox 68760, certificate be executed ding physician and ise as the burief-transit	/Medical Examiner	that initiated events resulting In deeth) Lest		Du	ue to (or es e co	onsequence of):									
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hat the death and by the etter deteched for	Physicial	Pert II. Other significant cond	itione contributi	ng to deeth but	not rasulting in	the underlying	cause gi	ven in Part I.					to the cause of dea		
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o 8 5 8										24e. We per	s en eutopsy formed?	6	Vere autopsy finding veilable prior to completion of ceuse of deeth?		
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f Vital Re ysicien: The lav s certificate hes director, page 2 fo Be Comp		25. Wes case referred to med	cal					26 Place	of Doath	(Check only	,		L 143 2L110		
of Vita Physician: this certific ral director,	To Be	exeminer? 1 ☐ Yes 2 ☑ No	Hospite	al: 1 Tinpatient	2 ☐ ER/Out	petient 3 De	OA Ott	hor.			one)	ther /C	rific)		
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17		Dr. Kheder As	nker. J	ohnson	Heights	: Medica	a 1 B	Idg.	Cumb	erland	1.MD 21	502			

Dr. Kheder Ashker, Johnson Heights Medical Bldg., Cumberland,MD

State of Maryland / Department of Health and Mental Hygiene 97

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W	ILLIAM	SH	ERARD		(	Cer	tificat	e of	Death			Reg. No.	11		L. U	061
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-	Funeral		Social Security Number 6		(In yrs. lest birth	day)	If Under				8. Dete of Bi (Month, D					ete or Foreign
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	how		10a. Stete 10b. County		10c. City, Town	or Loc	cation							1	0d. Insid	le City Limits
	h the Merylenc r 28a-f show	Director	Maryland Prince Ge	eorge's	Sea	at P	Pleasa	nt							1 🔯	Yes 2□No
	th th	- in	10e. Street end Number				10f. Zip	Code				10g. Citi	zen of W	hat Coun	itry?	
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x 68760,	leath certificate be executed attending physicien end I for use es the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	C	oue to (or es e co											
BO	death c	Physician/														
P.0.	0 0 %	ysic	Pert It. Other significant conditions	contributing to death but	not resulting in t	he un	derlying ca	ause gi	ven in Pert I	l.	23b. Dld	tobacco	uae cont	tributa to	the cau	se of death?
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Division of	Attending Physician: The I pr deeth, ector: After this certificate he by the funeral director, page	<del>  </del>	27. Menner of Deeth	28e. Dete of Injury	28b. Tir			8c. Inju Wo		irsing Ho	ome 5 Res 28d. Describe				/)	
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118	l or Attending effer deeth. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not	28e. Plece of Injur	y - At home, farn			, office		-	28f. Location	(Street en	d Numbe		/ Route /	Vumber,
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	He Ho	edicai	(Check only 2 Medical Executed one)	miner: On the besis of e	exemination and/	or Inve	estigation,	in my	opinion, dee	th occur	red et the time,	date and	plece, er	nd due to	the ceu	se(s)
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	Me	29b. Signature end title of certifier	4.			29c	. Licens	se number	-		29d. Det	e signed	(Month, I	Day, Yes	nr)
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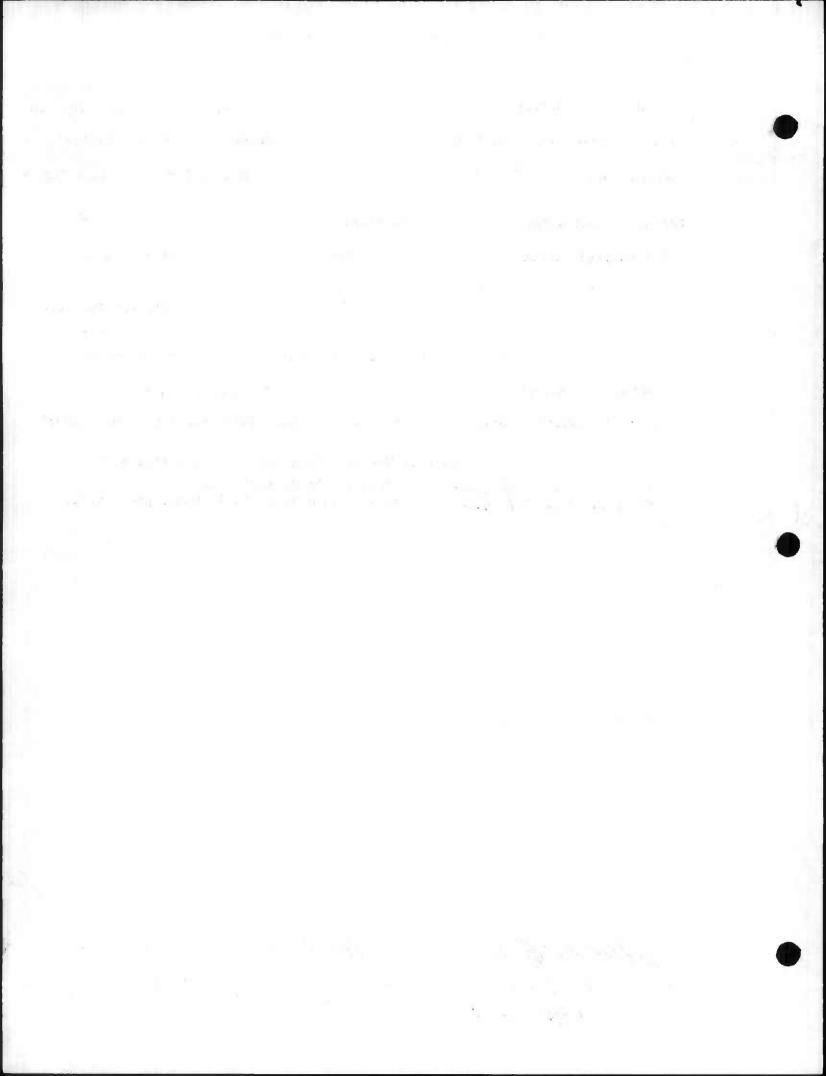


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100. County   100. County				083-16-2401			:							8. Data of Bin (Month, Da Dec. 20,	th ly, Year) 1918			
Hampton A. Rogers  Georgia Mulligan  196. Mailing Address (Sizes and Number Or Hard Route Number. City or Town, State, Zp Code)  Cynthia D. Jalloh – Daughter  Cynthia D. Jalloh – Daughter  1 Scott Circle, N.W., #215, Washington, D.C. 20036  205. Mayord of Disposition  1 Signify of Community, Ceremonary or Other Place  1 Signify of Disposition  2 Signify of Disposition  1 Signify of Disposition  2 Signify of Disposition  3 Signify of Disposition  3 Signify of Disposition  3 Signify of Disposition  3 Signify of Disposition  3 Signify of Disposition  3 Signify		f show	JO.	10a. Stata 10b. Coun	•			10c. City, To			٠,			-				
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Augustian   Physician   Phys	Bal	Deparement of the control of the con		21. Signature of Funaral Sarvic	e Licar	nsee	1_	-	Š	TEWAR	TAddr	ess of Eacili UNERAL	HOI	ME, Inc	•			
Physician Medical Examiner    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	0 0530			John 1.	Sle	war	7/1	_								gton,	D. C.	
Course (Disease or Influy) That influided awarts are southing in death) Last  d.  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part II. Other significant conditions contribute to the cause of death:  1   Yes   2   No 3   Probably   24b. Wars auropsy performed?  24a. Was an autopsy performed?  24b. Wars auropsy lindings available prior to order death?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar?  1   Yes   2   No    25c. Was aces referred to medical seaminar.  25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Injury at   No    25c. Inju	A	/Medical	er	Immediata Causa (Final disaasa or condition	st only		Puel	umou	ia								Interval Batwaan Onset and Death	
Course (Disease or Influy) That influided awarts and influing in death) Last  Due to (or as a consequence of):    Course (Disease or Influing)   Course (Di		and al-transit	Examin	Sequentially list conditions, if any, leading to immediate	ſ	Dua to (or as a consaquance of):												
Part    Other significant conditions contributing to death but not resulting in the underlying cause given in Part  .	38760	cate be o																
Part    Other significant conditions contributing to death but not resulting in the underlying cause given in Part  .	Box (	ath certif trending or use a			L	d										1		
24a. Was an autopsy performed?  24b. War autopsy performed?  24b. War autopsy performed?  24c. Place of Death (Check only one)  25c. Was cess referred to medicel axaminar?  25c. Place of Death (Chack only one)  25c. Injury at work of the Work of		the a	sic	Part II. Other significant condit	ions o	ontributing to	death bu	it not rasulting	in tha u	ndarlying ca	ausa gi	ivan In Part I	1.	23b. Dld 1	tobacco use	contribute t	o the cause of death?	
24a. Was an autopsy performed?  24b. War autopsy performed?  24b. War autopsy performed?  24c. Place of Death (Check only one)  25c. Was cess referred to medicel axaminar?  25c. Place of Death (Chack only one)  25c. Injury at work of the Work of		nat the d by		PARKINSON	1<	Dicen	0							10	Y00 2 N	3 □ Pro	bably 4 Unknow	
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25. Was cesa rafarred to madicel axaminar?  26. Placa of Daath (Chack only one)  27. Mannar of Daath  28. Place of Injury  28. Injury at Work?  28. Data of Injury  28. Location (Streat and Number or Rural Route Number, City or Town, State)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signatura and titla of certifiar  29c. Licansa number  29c. Licansa number  29c. Licansa number  29c. Licansa number  29d. Data signed (Month, Day, Year)  30. Nams and addrass of parson who complated causa of daath (Itam 23a) (Type, Print)  31. Data filled (Month, Day, Year)  32. Registrar's Signatura	Ö	need	etec													av	vailabla prior to	
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State   Stat	ō	2 00				· · · ·					^	4 L NU					(y)	
30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  William F'- DuBoyce MD 79Kettering Dr. Upper Markovo, MD 30774  State  31. Data filed (Month, Day, Yaar)  32. Registrar's Signatura		g je je	tion	1 Natural 5 ☐ Pand	ing tigation	(M	onth, Day	Year)						280. Dascriba i	now injury occ	currad		
30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  William F'- DuBoyce MD 79Kettering Dr. Upper Markovo, MD 30774  State  31. Data filed (Month, Day, Yaar)  32. Registrar's Signatura	or Attandi or Attandi after death. Director: A in by the fi			3 Suicida 6 Could	not be	e 28a. Pia	ice of Injui	iry - At homa, (Specify)	arm, str					28f. Location (S City or Tox	Streat and Nu vn, Stata)	m <i>ber</i> or Run	al Routa Number,	
30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  William F'- DuBoyce MD 79Kettering Dr. Upper Markovo, MD 30774  State  31. Data filed (Month, Day, Yaar)  32. Registrar's Signatura		Hospital 24 hours Funeral etely filled		(Uneck only 2   Medica	ing Ph	n <b>iner:</b> On tha	basis of	axamination a	nd/or inv	occurred a	it tha ti	ima, data an opinion, daa	d place, th occur	and dua to tha red at tha tima,	ceusa(s) and data and plac	mannar as s e, and dua t	stated. o tha causa(s)	
30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  William F'- DuBoyce MD 79Kettering Dr. Upper Markovo, MD 30774  State  31. Data filed (Month, Day, Yaar)  32. Registrar's Signatura		o the	Me	29b. Signatura and titla of certification	ar	A				29c.	Lican	sa number			29d. Data sig	ned (Month.	Day, Year)	
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State		15	1	30. Name and address of person	n who	complated or	use of de	ath (Itam 23e	(Type	Print)		10,00			08	1011	7/	
State		(2)		11)/1/10m E.	2	Duk	11/0	2017	70	Karr	F12,	in D	_ /	1000-	Ma -11	2	110 21774	
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Certification:

**Funeral** 

Director

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filed within 72 hours after death with the Marylar Hygiene. Wher than "naturelt, or litems 23a or 28a-1 show ent, its Maccal Examiner mass to notited a

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permit. Pages 1 and 2 should be file Department of Health and Mental Hy Insportant: if Item 27 is marked othe any injury or other traumatic event, once.

**Physician** /Medical

Examiner

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Hospital or Attending P 124 hours after death.
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To the Hospital within 24 hours a To the Funeral Complataly filled

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Box 68760

P.O.

Records,

Division of Vital

and

Baltimore, Maryland 21215-0020

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

WILSON SAMUEL

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month WILSON R. SAMUEL, JR. 4:15P.M. 4b. City, Town, or Location of Deeth 13 1997 4c. County of Death 4e. Fecility Neme (If not institution, give street end number) CAMP SPRINGS
If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Yea 6806 LOU LANE PRINCE GEORGES
9. Birthplece (State or Foreign If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Country) 1941 CAROLINE CTY, VA Months Deys 1**∑**M 2□ F 231-48-4577 56 Vrs Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 X Yes 2 No MARYLAND PRINCE GEORGE'S SUITLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20746 UNITED STATES 6806 LOU LANE 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Maritel Stetus 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced

College (1-4or 5+)

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) TRUCK DRIVER

16b. Kind of Business/Industry

PRIVATE

11TH

17. Fether's Neme (First, Middle, Last)

18. Mother's Neme (First, Middle, Maiden Sumeme)

WILSON R. SAMUEL, SR.

MARIE PITTMAN

19a. Informent's Name/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3422 EPIC GATE BOWIE, MARYLAND 20716

KATHY M. SAMUEL / WIFE

20b. Plece of Disposition (Neme of cemetery, crematory or other plece)

20c. Location - City or Town, Stete Dete

20e. Method of Disposition

1 Buriel 2 □ Cremetion 3 □ Removel trom Stete 4 ☐ Donetion 5 ☐ Other (Specify)

LINCOLN CEMETERY

8/21/97 SUITLAND, MD.

21. Signature of Funerei Service Licensee

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shook, or heart tailure. List only one cause on each line.

22 ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE/ FORESTVILLE, MD.

Immediate Cause (Finel disease or condition resulting in deeth)

. CONTACT GUNLLOT WOUND OF HODD

Due to (or es e consequence ot):

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

Due to (or es e consequença ot)

Due to (or es e consequence ot):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were eutopsy tindings eveilable prior to 24e. Wes en eutopsy performed?

HEDD ONLY 1 Dres 2 □ No

completion of cause of deeth? 1 Yes 2 No

20747

Approximete intervel Betw Onset end Deeth

25. Wes case reterred to medical Yos 2□ No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 13 97 investigation

28b. Time of FOUND 1600

Pleca of Injury - At home, term, street, fectory, office building, etc. (Specify)

Parsi Deluce

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home \*\*\* Nursing Home \* 28d. Describe how injury occurred

26. Place of Deeth (Check only one)

SHOTSELF Sursset Location (Street and Number or Rural Route Number, City or Town, State)

6806 LOU LANG PRINCEGEORGESCO

29a. Certifier

27. Menner of Deeth

2 Accident

3 Suicide

4 Homicide

1 Naturel

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted XXMadical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated

29b. Signature end title of certitier

5 Pending

6 Could not be determined

29c. License number

29d. Date signed (Month, Dey, Year)

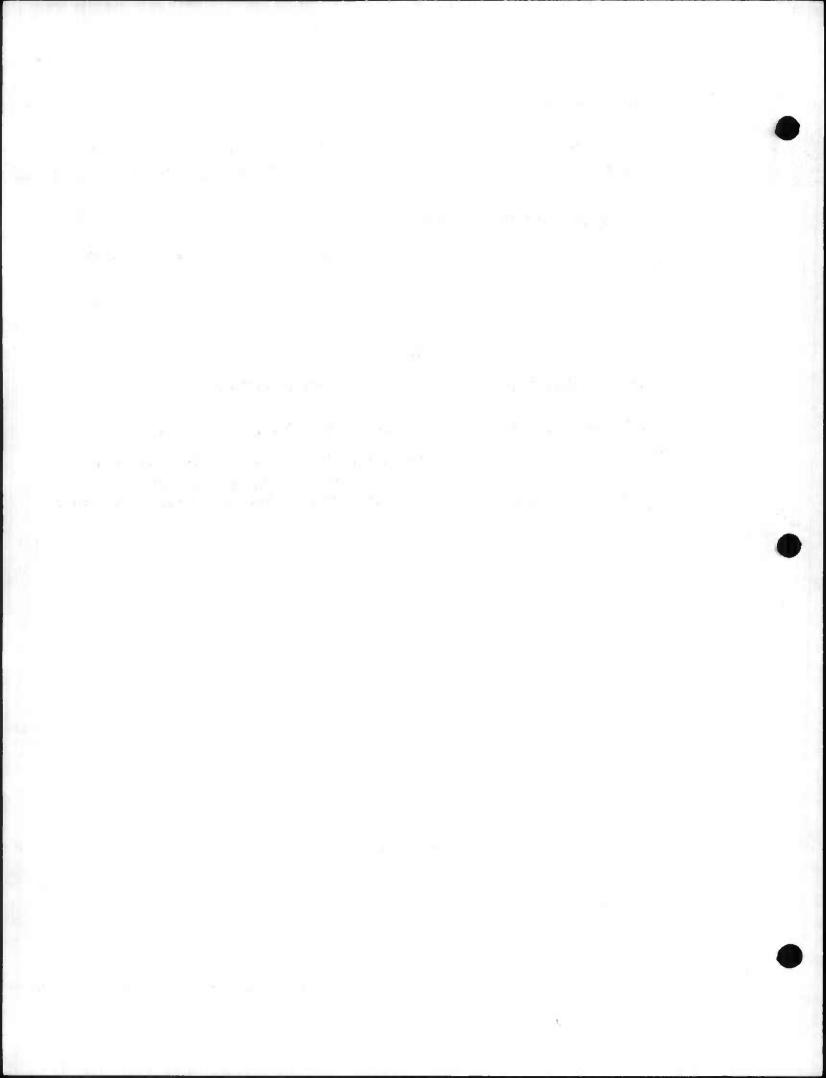
O.C.M.E.

AUGUST 14,1997

30. Neme end eddress ot person who completed cause ot deeth (Item 23e) (Type, Print)

MARGARINAM A. KORJUM 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature

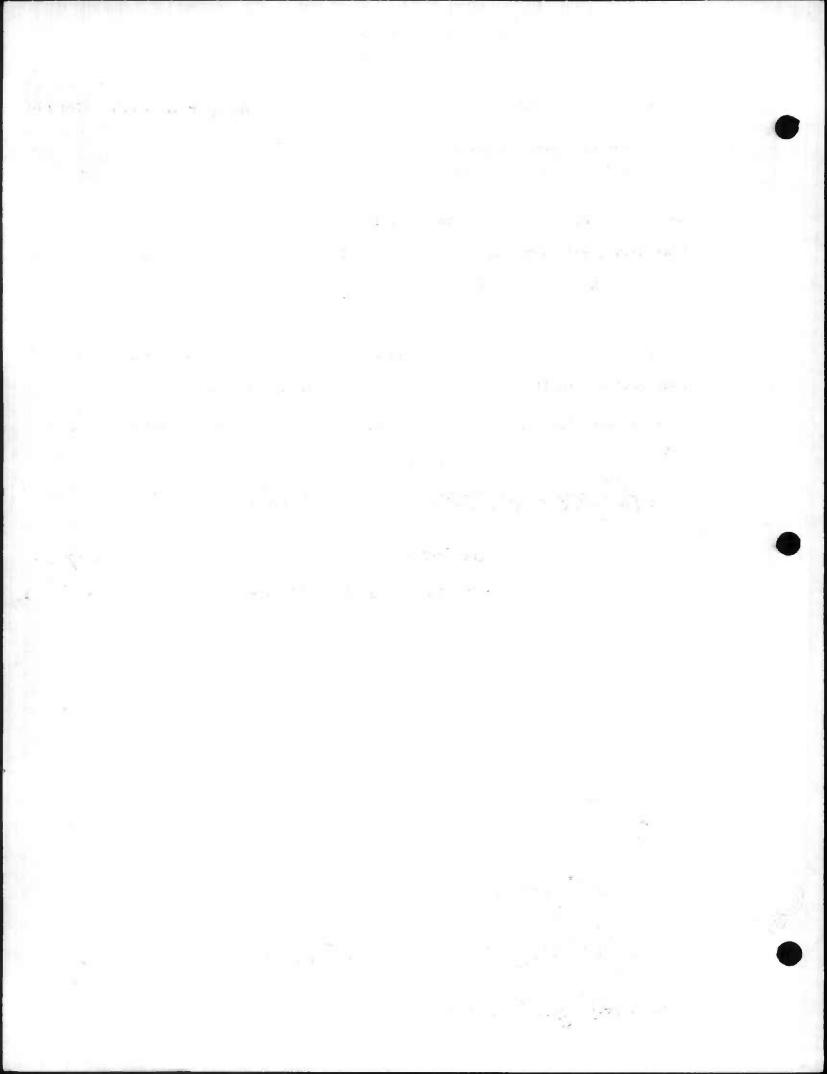
31. Dete tiled (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 25830 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** Day Staccato John Spruill 1997 3:00 PM August
4b. City, Town, or Location of Daeth /Medical 4a. Facility Nema (If not institution, giva street and number) 4c. County of Death Examiner Cheverly PG Prince George County Hospital If Under 1 Year | If Under 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 8/9/60 Birthplace (Stete or Foreign Country) **Funeral** Days 1♥M 2□F Months Hours 578-88-4172 37 Yrs. DC Director Usuai Rasidence of Dacedant with the Maryland 10a. State 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified as 1 Yas 2 No MD Director PG Forestville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5044 Silver Hill Court #201 20747 USA Funeral death 13. Was Dacedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 12. Wes Decedent Ever in U.S. 14. Race - American Indian, 11. Marital Status permit. Peges 1 end 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "naturel", or iten any injury or other traumatic event, the Medical Exercises 2008. Armad Forces?
1 ☐ Yes 2 ☐ No
If Yas, Giva Bleck, White, atc. 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Black Spacify þ 3 Widowed 4 Divorced Yaar or Datas: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 11th Tractor Operator Government 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Meidan Surnama) John Watson Spruill Nancy Frazier 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Willa B. Spruill/Wife 5044 Silver Hill Court #201 Forestville, MD 20747 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta XXBuriel 2 Cramation 3 Ramoval from Stata Harmony Memorial Park 8/16/97 4 ☐ Donation 5 ☐ Othar (Specify) Landover Maryland 22. Name and Address of Fecility Robert G. Mason funeral Home, 1661 Good Hope Rd ala SE Washington DC 20020 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final diseasa or condition rasulting in death) Examiner Encephloga-Examiner certificate be axecuted physician and the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Diseasa or Injury that initiated events rasuiting in deeth) Lest Box 68760 Physician/Medical Dua to (or as a consequence of): 89 usa for ed by the a P.O. Pert II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy has 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 DAG 1 Dippatient Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 2□ ER/Outpatient 3□ DOA this 27. Manny of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Matural 5 ☐ Pending ofter death.

Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 C Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building oc. (Specify) filled in by 4 C Homicide To the Hospital o within 24 hours el To the Funeral D completely filled is 29a. Certifie 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check o ner: Op the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signati 30. Name and add 32. Registrar's Signatura State

**DHMH 16 Ray 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97 25831

				Cer	tificate of	Death			Reg. No.		2-000	
	1. Decedent's Name (First, Middle, L.	ast)						Date of De	ath	100	3. Time = 0 th	
sician	Dorothy Stefan							Month gust	7 19	Year	7:40 pen	
ledicai aminer	4a. Facility Name (If not institution, gi	ve street and number	r)			4b. City, Tov	wn, or Locatio			-		
111111111111111111111111111111111111111						Rockv			Montg			
	Clayton Comfort  5. Social Security Number  6.	- Charles - Control - Cont	ge (In yrs. last b	irthday)	If Under 1 Yea			Tate of Bird				
at or		1□ M 2⊠ F	92	Yrs.	Months Days		Min. (	Date of Birl Month, Da	y, Year)	Cou	place (State or Forei	
	Usual Residence of Decedent		92				Ap.	LIT I	1,1905	Lake	side, OH	
	10a. State 10b. County		10c. City, Tox	wn or Loc	ation						10d. Inside City Lim	
ō	W 1 1 1 7 1		**		-						1⊠ Yas 2□	
Director	Maryland Prince (	eorge's	Hyatt	svil.								
Ö	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Cou	ntry?	
To Co	4307 75th Avenue				2078	4			U.S. A			
Funeral	11. Maritei Stetus	12. Wes Deceden Armed Forces	i Ever In U,S. ?	13. W	las Decedent of Yes, specify Cu	Hispanic Orig ban, Mexicen,	in? (Specify Puerto Rice	Yes or Non, etc.)		Race - American Indian, Biack, White, etc.		
E	1 Never Married 2 Married	1 Tes 2	) No	1	☐ Yes 211 No	Specify:			Specif	1.11	hite	
d by	3 ☑ Widowed 4 ☐ Divorced	Year or Dates:				- Opcomy.			y			
Completed	15. Decedent's E (Specify only highest gr	ducetion	168	. Deced	ent's Usuei Occi	upation	of working	ndustry				
ig.	Elementary/Secondary (0-12)	College (1-4or	5+)	life. D	ind of work don O NOT use retir	ed)	Of WORKING					
0	12	555		ecre	tary			Federal Government				
Be	17. Father's Name (First, Middle, Las.	t)				18. Mother	r's Name (Fir		Maiden Sumar			
To B	James S. Taylor					Flore	a B. Ta	avlor				
-	19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailing	Address (Street			-		State 7	n Code)	
	Richard L. Stefan - Son 7252 Glenridge Drive, Hyattsville, Mar 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City											
	1 ⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State cemetery, crematory or other piece)											
	4 Donation 5 Other (Specify) Mount Olivet Cemetery 8/12/97 Frederick										Maryland	
	22. Name and Address of Facility Francis Gasch's Sons Funeral Home, P.											
	11117	(,)	1									
	23a. Part1. Enter the disease, or con shock, or heart failure. List only	oplications that cause	d the deeth. Do	not ente	39 Balt:	ring, such es d	cardiec or res	piratory ar	rrest.	e, M		
Physician /Medical	shock, or heart failure. List only	one causa on aach	SOP.								Approximate interval Batween Onset and Deeth	
_	Immediate Cause (Final		3/				**				0	
	disease or condition resulting in deeth)	a. <i>Se</i>	mle	a	eme	ntid	C				6413	
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in		b. 5	inn	ite:	m 54	50 Ke					L das	
Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (or as a									
	ceuse. Enter Underlying Cause (Disease or injury	0										
edicai	that initiated events resulting in death) Last	C.	Due to (or as a	consequ	ence of):					1		
Med												
an		d	-							i		
Physician	Part ii. Other significant conditions	contributing to death	but not resulting	in tha un	derlying cause o	iven in Part i		23b. Did tobacco use contribute to the cause of deat				
thys		g uveliii				,		1 🗆 '	-	3 □ Pro		
by P									20140	00110	July 4 Olki	
								24a Was	an autopsy	24b. W	ere eutopsy finding	
ete									rmed?	av cc	valiable prior to empletion of ceuse	
du										of	death?	
Completed								101	Yes 2 No	1	☐ Yes 2☐ No	
Be (	25. Was cese referred to medical examiner?					26. Place	of Death (Ch	eck only o	one)	1		
To	1 Yes 2 No	Hospitai: 1 ☐ Inpati	ient 2 ER/O	utpatient	3□ DOA O	ther: 4 🗆 Nur	rsing Home	5 Resid	dence 6 Oth	er (Speci	fy)	
	27. Manner of Death	28a. Date of Inj	ury 28b.	Time of	28c. inj			/	how injury occur			
tio	1 Natural 5 Panding 2 Accident invastigation	(Month, Da	ay rear)	injury		onk≀ ∐Yas 2∐N	No					
fica	3 ☐ Sulcide 6 ☐ Could not b	28e. Place of In	njury - At home, f	arm. stre	et, factory, office	•	28f. I	Location (3	Street and Numl	ber or Run	al Route Number,	
Certification:	4 ☐ Homicide datarmined		c. (Specify)	., 50	,			City or Tox				
	29a, Certifiar 1 Certifying Pi	huntains. To the best	of my transition	a dooth	nanumad at the	liene dete en d	tolana and d	tur to the				
edical	(Check only one)	hysician: To the best miner: On the basis of	of examination as	nd/or inve	estigation, in my	opinion, daati	h occurred at	the time,	date and place,	and due t	o the ceuse(s)	
Mec	uney .	and manner s	ieldu.									
	29b. Signeture end title of certifier	1	1	4		nse number	2 6		29d. Dete signe			
	1 alongs	Centon	-/ /n.	D.	D	0869	7 3		8/	8/9	7	
	30. Name and addrass of person who	completed ceusa of	daath (itam 23a)	(Type, P	rint)							
	George Kenton		,		·	enue.	Silver	Spr	ing. Ma	ryla	nd 20902	
ate	31. Date filed (Month, Day, Year)	32. Regist			-0 11	,		- ~P-			20,02	
rar	AUG 12 197	Tales of	rar's Signature	dall								
	AUU IN WO	0										

State of Maryland / Department of Health and Mental Hygiene

97 2

25832

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month August 1997 8:45 A Mary Turner /Medicai 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Mariner Health Care Center Silver Spring MONTGOMERY If Under 24 Hrs. 8. Dete of Birth (Month, Dey, If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1□ M **2**□ F 74 Yrs Director 4,1923 215-24-5425 Virginia Usual Residence of Decedent the Maryland 10a Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at MD Montgomery Chevy Chase Director 1 Yes 2 No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 4640 Bradley Blvd. #206 20815 U.S.A. 238 Funeral Herris . 12. Wes Decadent Ever in U,S. Armed Forces? Reca - American Indien, Bieck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: Black þ Specify: 3 X Widowed 4 ☐ Divorced pernit. Pages 1 and 2 should be filed within 72 hours
Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural",
any injury or other traumatic event Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Domestic Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 10 Fred Brown Susan Wood 19e. Informent's Name/Reletionship (Type, Pnint) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Juanita May (Cousin) 5184 Eastern Ave., NE, Washington, 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Locetion - City or Town, Stete 1X Buriel 2 Cremetion 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Brooke Grove Cem. 8/15/97 Laytonsville, MD 22. Name and Address of Facility
SNOWDEN FUNERAL HOME, P.A. Brud A ROCKVILLE, MD 20850 23a. Pert1. Enter the discrete, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physiclan** /Medicai Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner certificate be executed burial-transit and Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury Due to (or es e consequence of): physician s the burial Box 68760, Physician/Medical thet initieted events resulting in death) Lest Due to (or as e consequence of): as 980 ō signed by the a P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Š 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed? peeu page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Hospitei: Other: 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 5 Pending 1 Tyes 2 □ No 2 Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.

Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end manner stated. Medicai 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) death (Item 23e) (Type, Print) FORRAGUT AVE KENSINGTON State

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

If Under 1 Year

10f. Zip Coda

Days

25833

**Physician** /Medicat Examiner

1. Decedent's Nama (First, Middla, Last) BURTINE

TUCKER

2. Date of Death AUGUST 8:55 am

4a. Facility Nama (If not institution, giva street and number) WASHINGTON ADVENTIST 5. Social Security Number

4b. City, Town, or Location of Death TAKOMA PARK MD HUSPITAL

4c. County of Death MONTGOINERY

**Funeral** Director

28a-f show

ò

Items 23a

permit. Pages 1 and 2 should be filed within 72 hours effer to Depertment of Health end Mental Hygiene. Important: If Item 27 is merked other than "natural", or then any injury or other traumetic event, the Magazal Example.

**Physician** 

/Medical

Examiner

the burief-fransi

98

been signed by the e should be detached t

page 2

certificate

this funeral

After

within 24 hours To the Funer completely file

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records.

Hospital or Attending Physician:

To the

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

Examiner must be notified at

Director

Funeral

by

Completed

with the Maryland

death

Usual Rasidance of Dacedent

356-12-9669

10b. County 10c. City, Town or Location If Under 24 Hrs. 8. Data of Birth (Month, Day, May 21,

9. Birthplaca (State or Foreign Illinois

10a State

Maryland | Prince Georges Chillum

10 M 20XF

10d. Insida City Limits X□ Yes 2□ No

10g, Citizan of What Country?

Specify:

10e. Street and Number

6010 Sargent Road

#1106 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒No If Yas, Give Yaar or Datas:

20782 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) United States 14. Race - Amarican Indian, Black, White, etc. Black.

1 Never Married 2 Married 3 Widowed 4 Divorced

(Specify only highast grada

15. Decedent's Education if only highast grada completed)

7. Aga (In yrs. last birthday)

74

16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired)

1 ☐ Yas 2 X No Specify:

16b. Kind of Businass/Industry Federal Government

Elemantary/Secondary (0-12) 17. Fethar's Nama (First, Middla, Last)

Burt Tucker

18. Mothar's Nama (First, Middla, Maiden Surname)

Anna Hodges

19e. Informant's Name/Relationship (Type, Print)

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code)

19215 Chandlee Mill Road, Sandy Spring, MD 20860

Carolyn N. Snowden 20a. Mathod of Disposition

1 Weurlal 2 Cramation 3 Ramoval from Stata

Friend

Collaga (1-4or 5+)

20b. Placa of Disposition (Nama of cametery, cramatory or other placa)

Secretary

8/11/97

20c. Location - City or Town, Stata Sandy Spring, MD

4 □ Donation 5 □ Othar (Spacify) of Funeral Service Licensu Ash Memorial Cemetery

McGuire Tuneral Service, Inc.

7400 Georgia Avenue, N.W., Washington, D.C. 20012

23a. Part I Entar tha disease, or complication that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.

Approximata intarval Batween Onset and Death

Immediata Causa (Final disaasa or condition resulting in daath)

ARTERTO SCLEROTIC CARDTOVASCULAR PSERGE Dua to (or as a consequence of)

Sequantially list conditions, if any, laading to Immediata causa. Entar Undarlying Ceuse (Diseasa or injury that initieted avants resulting in daath) Last

Dua to (or as a consaguance of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of ceuse of death?

1 Yas 2 No 1 ☐ Yas 2 ☐ No

25. Was casa raferred to medical 1XYas 2□ No

27. Manner of Death

1 Natural

2 Accidant 3 Suicida

4 I Homicida

5 Panding investigation

6 Could not be datermined

Hospital: 1 | Inpatiant 2 | SER/Outpatient 3 | DOA 28a. Data of Injury (Month, Day Year)

28b. Time of

28c. Injury at Work? 1 Yes 2 No

Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Dascribe how injury occurred

28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Spacify)

281. Location (Street and Number or Rural Routa Number, City or Town, State)

29a, Certifian

1 🖵 Cartifying Physician: To tha best of my knowladga, daath occurred at tha tima, date and place, and dua to tha causa(s) and mannar as stated. 2 Madicat Examinar: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

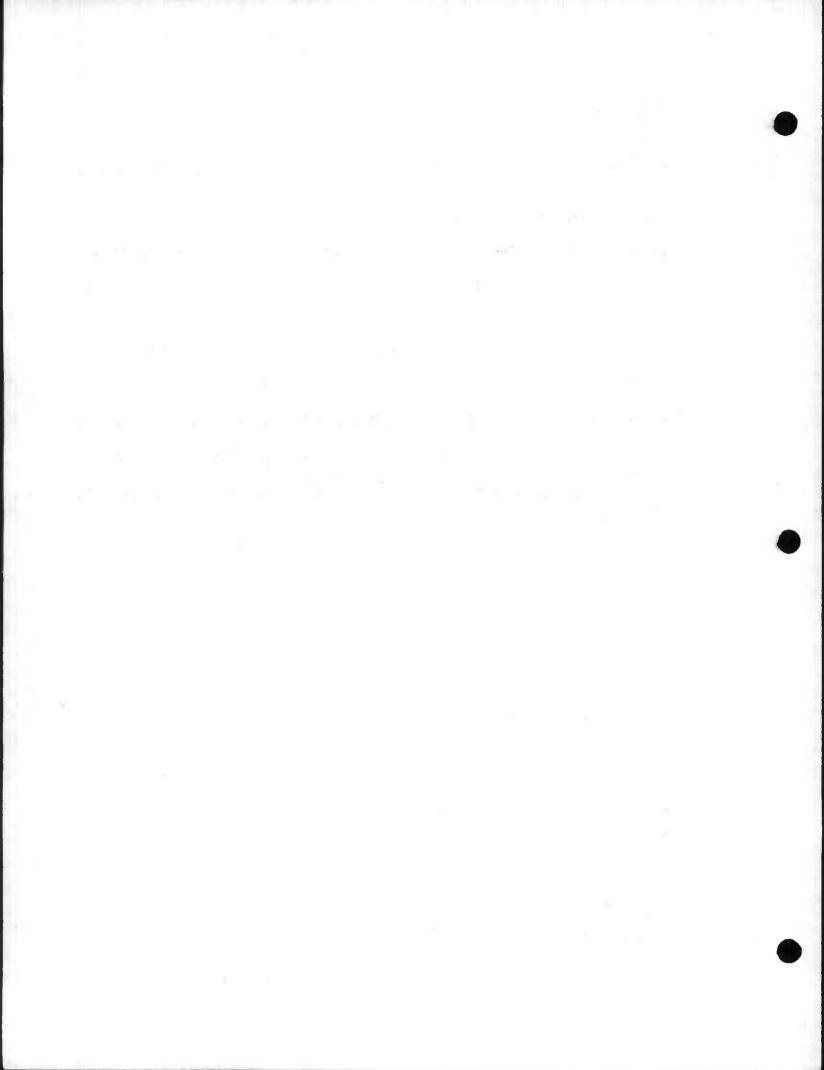
26. Place of Death (Check only ona)

29b. Signature and title discertific

Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

6915 RADINOZ RD BETHESDA MD 20817 MD 32. Registrar's Signatura

Julia Davidson



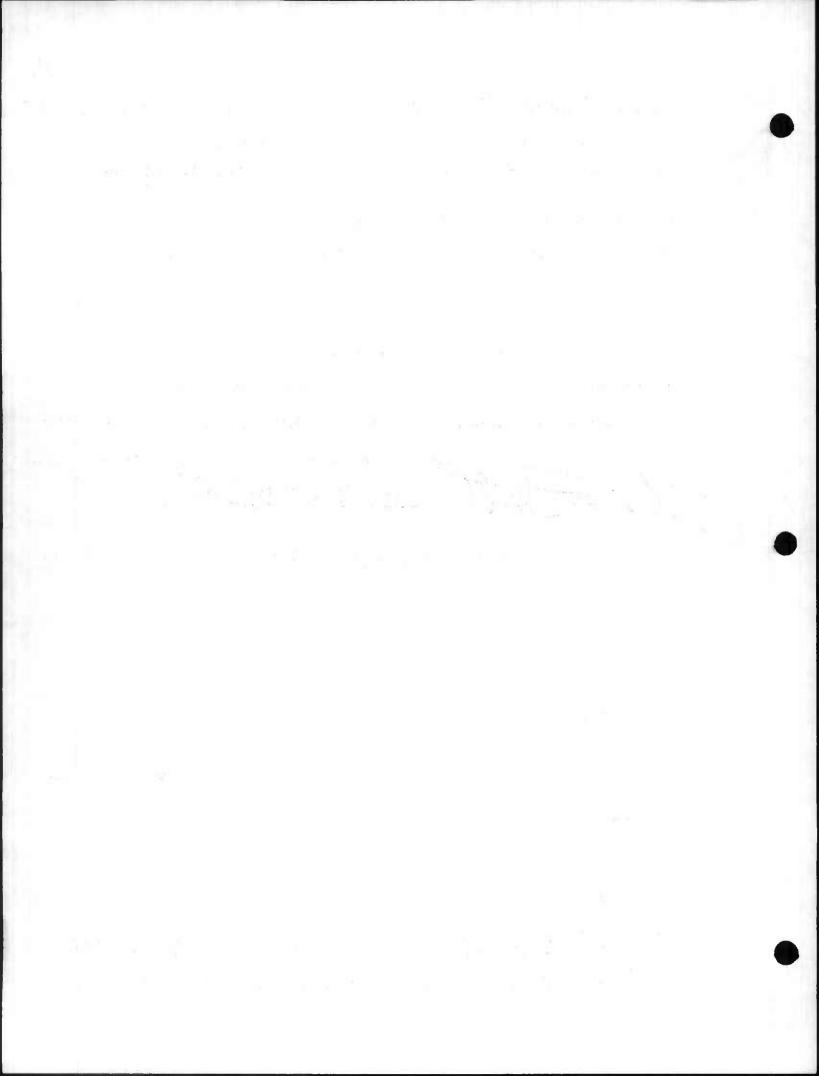
State of Maryland / Department of Health and Mental Hygiene

25834 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** THANKACKEN :33 PM HNN KOMAS AUG /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Holy Cross Hospital Silver Spring Montgomery If Under 24 Hrs. 5. Sociel Security Number If Under 1 Yeer 8. Dete of Birth (Month, Dey, Year)
Jan. 14, 1941

9. Birthplece (Stete or Foreign Country)
India 7. Age (In yrs. last birthday) **Funeral** 1 ☐ M 21X F Months Deys Min. 56 Yrs. Director 216-82-9310 Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2X No Director Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 6 14817 Windmill Terrace 23a 20905 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Year or Dates: Hems 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. filed within 72 hours after 1 Never Married 2X Married 21215-0020 ŏ 1 ☐ Yes 2 ☑ No Specify: þ Specify: Asian 3 Widowed 4 Divorced "natural", Completed 16e. Decedent's Usual Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grede completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) Registered Nurse Battimore, Maryland 21 12 4 Medicine 17. Father's Name (First, Middle, Last) 18. Mother'a Neme (First, Middle, Maiden Sumeme) Karieth Thomas Rachelamma Thomas 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Koch K. Thankachen / Husband 14817 Windmill Terrace, Silver Spring, MD other 1 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1X Burlel 2 □ Cremetion 3 □ Removel from State 6 Gate of Heaven Cemetery 8/11/97 Silver Spring, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Hines-Rinaldi Funeral Home any in 11800 New Hampshire Avenue Silver Spring, Maryland 20904 rheer the disease, or Comptonions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, rheer failure. List only one cause on each line. interval Between Onset and Deeth Physician /Medical nediate Cause (Final Melogenous disease or condition resulting in death) Examiner Due to (or es e consequence el Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): P.O. Box 68760. The law requires that the death certificate be Physician/Medical 2 Due to (or as e consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco usa contribute to the cause of death? 1 Yes 2 70 3 Probably 4 Unknown signed by Division of Vital Records, þ page 2 should be 24b. Were autopsy findings eveileble prior to Completed 24a. Wea en eutopsy completion of cause of death? 1 Yes 2 000 1 Yes 2 10 certificate or Attanding Physician: director, Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yea 2 No this funeral 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Staturel 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident after death the 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 10 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner steted. 29a. Certifier Medical 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number 3 30. Name and address who completed cause of deeth (Item 23a) (Type, Print) musica court Drive Rockylle BOCCIA 0 32. Registar's Signature 31 Date filed (Month State

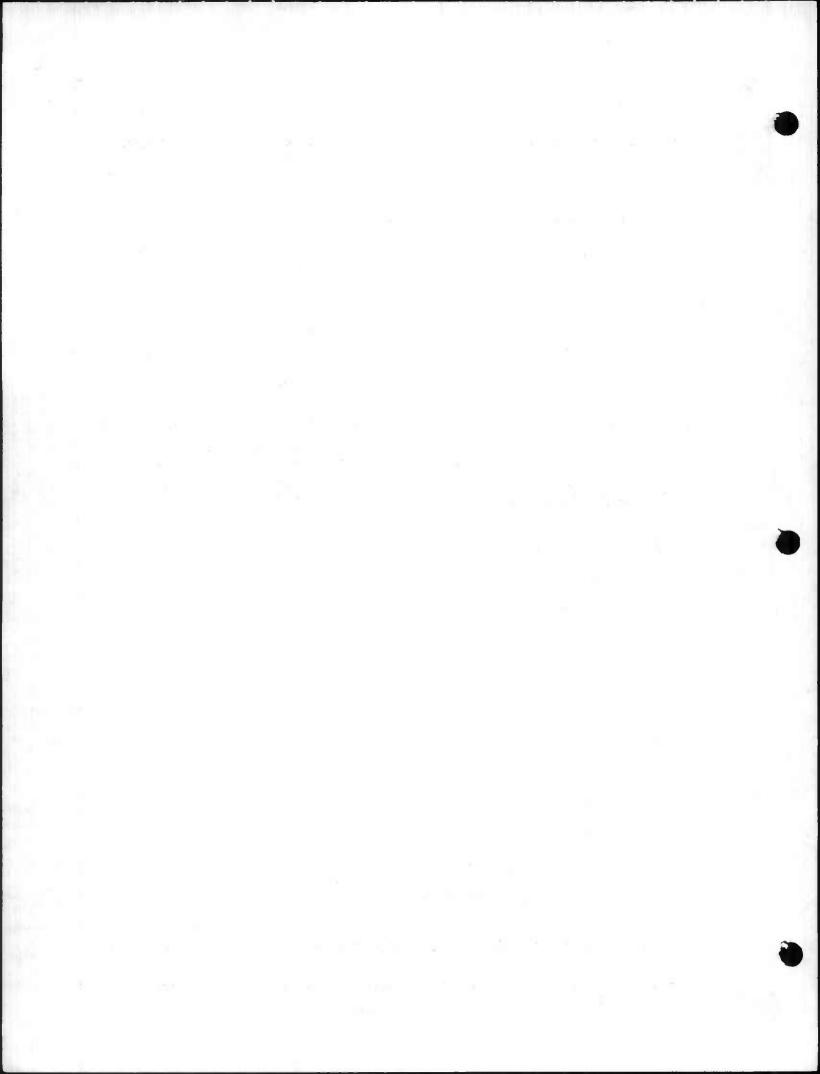
**DHMH 16 Ray 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97 25835

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/Madie		1. Decedant's Nama (First, Midd Dien	ra, Last) T. Tan							2. Data of Da Month August	ath Day	Yaar 7	3. Time of Death 1:30 PM		
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Aammi	CI	14520 Gallant											M**		
		5. Social Security Number	6. Sax	7. Aga (In yrs.	last hirthday	If Undar		Darnes If Under 2				ntgome			
neral ector		586-26-5429	1 M 2 XF	7. Aga (m y/s.	Yrs.	Months	Days	Hours	Min.	8. Data of Bir (Month, Da Feb. 2	, 1919	9. Birthpla Countr Viet	ca (Stata or Foreig y) nam		
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	_	Toa. State Too. County		100. 01	ty, Town or Lo	cation						100	d. Insida City Limits		
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	8	15 Deceden	t's Education		16a Decer	dant's Usual	Occupa	ation			16b. Kind of E				
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>	Be	17. Father's Nama (First, Middla, Lam Tan	Last)								, Maidan Sumai	ma)			
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timore, Marylimore	19a. Informant's Name/Ralations	hlp (Typa, Print)		19b. Mailir	ng Address	Street 8	and Numbar	or Rural	Routa Numb	er, City or Town	, Stata, Zip C	oda)			
	Kinh T. Burr/Da	ughter		14520	Ga11	ant	Fox I	ane	Darnes	town, M	m 208	378			
	20a. Mathod of Disposition	-8	20b. F	Placa of Dispo	sition (Nam	a of	1011	ditte	Data	20c. Location					
0		1 ☐ Burial 2 ☐ Cramation		Stata	camatary, crar	natory or off	nar plac	e) Augus	st 1	0,1997	2001 200011011	ony or ron	1, 0144		
Balting permit. Pa Departmer Important: any injury ones.	4 Donation 5 Other (S	pacify)	Mo	ntgome						Bethesd					
	21. Signature of Funeral Service	Licensee		P.22	Nama and	Addres	s of Facility	O17 E	unovo 1	Uomo /E	o o lerred 1	1 a T = a			
	- 1	Was 1.7	11-1-	16001	3	00 We	st M	lontgo	merv	Avenu	. nome/r	OCKVII	ite, inc.		
	$\dashv$	21. Signature of Funeral Service Licenses  Robert A. Pumphrey Funeral Home/Rock 300 West Montgomery Avenue Rockville, Maryland 20850-2805  23a. Parti. Enter pt. disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.													
		shock, or heaft failura. List	only ona causa on	aach lina.	n. Do not ant	ar tha moda	or ayını	g, such as ca	ardiac or	raspiratory a	rrast,	Approximata Interval Batwean Onsat and Death			
ian													Intarval Batwean Onsat and Death		
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er		rasulting in death)	a					.011				1 17	inutes		
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	듣	Sequentially list conditions, if any, leading to immediate cause Enter Underlying  Dua to (or as a consequence of):  Diabetic Nephropathy										6 Yea			
	Sequentially list conditions,  Dua to (or as a consequence of):										0 20020				
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	To Be Completed by Physician/Medical	Part II. Other significant condition  Old CVA 19  25. Was casa rafarred to medical axaminar?  XXYas 2□ No  27. Mannar of Death	Diade of Diagrams contributing to a 91	Dua to (or abetic N Dua to (or abetic C C death but not rass	r as a consequence of a	uance of): athy uanca of): athy ndarlying ca	usa give	an In Part I.  26. Piaca o ar: 4 □ Nurs	of Death	23b. Did 1  24a. Was perfo 1  (Check only o	Yee 2 No an autopsy mad?  Yas 2 No ona)	24b. Ware avail comport de la la la la la la la la la la la la la	he cause of death bly 4 Unknow a autopsy findings able prior to pletion of causa ath?		
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oy ure rureral unector, page & stroom or detected for use as the Du	redical Certification: To Be Completed by Physician/Medical	Part II. Other significant condition of CVA 19  25. Was casa rafarred to medical axaminar?  XIX Yas 2 No  27. Mannar of Death 1 XINaturai 5 Pandin invastig 2 Accident 3 Sulcida 6 Could datarm  29a. Certifiar (Check only) 2 Medical 2 Medical	Dia  c.  Dia  d.  Dia  d.  Hospital:  gration onto be lond be build  g Physician: To the Examiner: On the band man	Dua to (or abetic N Dua to (or abetic N Dua to (or abetic C Dua to	ephrop r as a conseq ardiop ulting in the ul ER/Outpatlen 28b. Time of Injury oma, farm, stru	uance of): athy uanca of): athy uanca of): athy  ndarlying ca  t 3 DOA  28  M aat, factory, accurred at assignation, i	Other	26. Placa o ar: 4 Nurs at ? Yes 2 No	of Death Sing Hom O	23b. Did	Yes 2 No an autopsy rmad?  Yas 2 No one)  dence 6 Ott how injury occu  Streat and Num. wn, Stata)  cause(s) and m dete and placa,	24b. War avail commod da 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	he cause of deathing the cause of deathing to the cause of deathing to the cause abla prior to pletion of cause alth?  Yas 2 No  Route Number,  ed.  na cause(s)		
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

25836

						Ce	rtificate o	f Death	7		Reg. No.	W 1	20000
Ü	Dhuaia		1. Decedent's Name (First, Middle	e, Last)						2. Date of De	eth	Voor	3. Time of Death
	Physic /Medi		George Abrah	am Teague						August	Day 12, 1	997	1:18 A
	Exami		4a. Fecility Name (If not Institution	, give street end nu	u <i>mber</i> )			4b. City, To	own, or Lo	cation of Deet		y of Death	
1			6146 Ridge Ros	ad				Mt.	Airy	7	Car	roll	
т	Funeral		5. Social Security Number	6. Sex	7. Age (In )	yrs. last birthday,	If Under 1 Yea		r 24 Hrs.	8. Dete of Bir (Month, Da	th .	9. Birth	place (Stete or Foreign
	Director		228-28-6561	12XM 2□ F		70 Yrs.	Months Day	s Hours	Min.	March	19, Year)	Nort	h Carolina
	pur *		Usual Residence of Decedent  10a. State 10b. County		100	. City, Town or L	ocation						10d Incide City I Imite
	in 72 hours after death with the Maryland "netural", or items 23a or 28a-f show tedical Examinar must be notified at	Director	Maryland Carr	011	100.	Mt. Air							10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	th th	ire	10e. Street and Number				10f, Zip Code				10g. Citizen of	What Cou	ntry?
	h wil		6146 Ridge Roa	d			2177	71			United	Stat	es
	deat	Funeral	11. Marital Status	12. Was Dec	cedent Ever i	in U,S. 13.	Was Decedent of	Hispanic O	rigin? (Spe	ecify Yes or No	)- 14. Red		can Indien,
0	after or Ite		1 Never Married 2 Marr		2 No					Hican, etc.)	Bla	ick, White,	etc.
21215-0020	al', c	b	3 Widowed 4 □ Divorced	If Yes, G Year or I	Dates 1945	-1947	1 ☐ Yes 2 🔀 N	o Specify	<b>/</b> :		Specif	y: Wh:	ite
9	2 ho	Completed	15. Decedent	's Education		16a. Dece	dent's Usual Occ	upation			16b. Kind of B	usiness/in	dustry
21	C * B	ple	(Specify only highes Elementary/Secondary (0-12)		(1-4or 5+)	life.	kind of work don DO NOT use reti	e dunng mo: red)	st of worki	ng			
2	be filed within ital Hygiene. ed other than "	E O	8th	Comogo	(1 401 54)	Cons	struction	n Oper	ator		Privat	e Co.	
D	othe othe	Bec	17. Father's Name (First, Middle,	Last)				18. Moth	er's Name	(First, Middle	, Maiden Surnar	пе)	
a	should be filed and Mental Hygi marked other matic event, I	ToB	William C. Tea	gue				Cly	da A	Ammons			
Maryland		-	19a. Informant's Name/Relations	nlp (Type, Print)		19b. Maili	ing Address (Stre	et and Numb	ber or Rura	al Route Numb	er, City or Town	State. Zit	o Code)
	77 5 6 5		Sandra Gray	Daughte	r		Ridge Ro			iry, MD			
ē,	_ = = =		20a. Method of Disposition	Daugnee			osition (Name of matory or other p			Date	20c. Location		own, State
altimore,	ages or of		1 XBurial 2 Cremation		Julia				Α.	. 15			
=	rtani		4 Donation 5 Other (Sp 21. Signature of Funeral Service	_	P		re Cemete			ug. 15	Mt. A	Iry	Maryland
Ba	permit. Pages 'Department of Himportant: If Ite any Injury or ot once.		21. Signature on Funeral Service	Joensee / V	Seeman		2. Name and Add			al Dire	ctors.	P.A.	
	40144		Jamos	B Co	rene		212 W. O				Winfiel		21784
	Physician /Medical Examiner		23a, Part : The disease or or heart failure. List  Immediate Cause (Final disease or condition resulting in death)	only one cause on	Le	× 17252	275			or respiratory a			Approximate Interval Between Onset and Death
		ē			Dúe t	to (or as a conse	quence ot):					1	
	nsit	F		b	4/-	cohe	1150	7					775400
•	certificate be executed iding physicien end ise es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due t	o (or as a conse	quenca of):						
68760,	be e sicler buri		Cause. Enter Underlying Cause (Disease or Injury that Initiated events	c								i	
98	phy:	/Medical	resulting in death) Lest		Due to	o (or es a consec	quence of):					1	
X		M		d									
m	death e etten ed for u	clar										1	
o	0 0 0	Physician	Part II. Other eignificant conditio	ns contributing to d	death but not	resulting in the u	inderlying cause (	given in Part	l.	23b. Did	tobacco uae co	intribute to	o the cause of desth?
σ.	hat t ed by dete									10	Yes No	3 Pro	bably 4 Unknown
Vital Records,	8 50	1 by										T 0.45 18	land and a second and a
ō		Completed									an autopsy ormed?	ev	fere eutopsy findings reileble prior to empletion of cause
ec	S 50	ig.										of	death?
H		5								10	Yes 2 No	1[	□ Yes 2□ No
ita	ysician: The scentificate director, pag	Be	25. Was case referred to medical					28. Plac	e of Death	Check only	one)		
1	2 00	10	examiner? 1 ✓ Yes 2 ☐ No	Hospitai: 1 □	Inpatient 2	2 ER/Outpetier	nt 3 DOA	Other: 4 N	ursing Ho	me Mesi	dence 6 □Ott	ner (Specil	fy)
10	tending Ph leath. for: After thi the funeral		27. Manner of Death	28a. Date	of Injury	28b. Time o	t 28c. Inj			-	how Injury occur		
Division	Attending For death.  Sector: After by the funer	atio	2 Accident 5 Pending		nn, Day real	r) Injury		Yes 2□	No				
1.5		ffice	3 ☐ Suicide 6 ☐ Could n	ned 200. Place			reet, tactory, offic	a		28f. Location (	Street and Numi	ber or Run	al Route Number,
ă	effer Direction b	Certification:	4 ☐ Homicide	build	ling, etc. (Sp	ecify)	•			City or To	wn, State)		
	Hospital 24 hours Funeral etely filled		29a. Certifier Certifying	Physician: To the	a hest of my	knowledne deat	h occurred at the	time date er	nd place s	and due to the	cause/s) and m	annar as s	tated
	24 h 24 h Fur etely	edical	(Check only 2   Medical E	xaminer: On the b	pasis of exam	nination and/or In	vestigation, in my	opinion, de	ath occurr	ed at the time,	date and place,	and due to	o the cause(s)
	To the Hospital or At within 24 hours effer or To the Funeral Direct completely filled in by	Me	29b. Signature end title of certifier				29c. Lice	nse number			29d. Date signe	ed (Month.	Day, Year)
	- s - ō		1.0-0	7	03		1	1177-	27-	2	01.2	7	
			12361	三四	~ -	1/2CK	7	1143	213	>	0/13	15	7
			30. Name and address of person v	vno completed caus	se of death (	Item 23a) (Type,	Print)	- 0		7 7	10	1	
			SOU FOR	+134	SE	422	. +/6	40	1/2	2	17	1 1	4/01
	Sta		31. Date filed (Month, Day, Year)	1007	Agentiar's St	har Red	tf.			/	S		1
	Registr	ar	40019	1331 01			1						

State of Maryland / Department of Health and Mental Hygiene 07 2500

							Cen	tificate of	Death		Reg. No.		
	Physic	ian	1. Decedent's Nen		<sup>Last)</sup> 'UNSTAL]	T.				2. Dete of D	Dev	Year	3. Time of Deeth
	/Medi	cal	4a. Facility Name					1	4b. City, Town, or L	AUGUST			1811
1	Exami	ner	THE THE STATE						the desired to the				137
-	Guneral		5. Social Security I		HOSPIT	7. Age (In yrs. la	st birthday)	If Under 1 Year		Date of B	ieth	LEGAN	
Ŀ	Funeral Director		187-01-	-4864	1 M 2□ F	82	Yrs.	Months Days	Hours Min.	July 1	Pay, Year)		lece (Stete or Foreig try) SYLVANIA
	yland		10e. Stete	10b. County		10c. City	Town or Loc	ation				10	0d. Inside City Limits
	the Marylar 28a-f show	to	PA	SOME	RSET	ME	YERSDA	LE					Yes 2□No
	or 28	Director	10e. Street and Nu	ımber				10f. Zip Code			10g. Citizen of	Whet Count	try?
	23a	ai	201 HOS	SPITAL D	RIVE			1555	2		U.S.	.A.	
	items items	Funerai	11. Marital Status		Armed Fo		i. 13. W	as Decedent of Yas, specify Cul	Hispenic Origin? (Sp ban, Mexican, Puerte	pecify Yes or No Rican, etc.)	lo- 14. Ra	ce - Amarica	an Indian, atc.
21215-0020	urs aff	by	1 ☐ Never Man 3 ☐ Widowed	ried 2 ☐ Married 4 ☐ Divorcad	1 ☐ Yes If Yes, Gi Yeer or D	2 No ve etas:		□Yes 2MNo				y: WHI	
5-0	be filed within 72 hours Ital Hygiena. d other than "natural", event, the Madical Exa	Completed	(Spe	15. Decedent's	Education grada completed)		16e. Decede	ent's Usuel Occu	ipation a during most of wor	kina	16b. Kind of B	iusiness/ind	lustry
121	filed within Hygiena. ther than *	mpi	Elementery/Sec		College (	1-4or 5+)			ed) during most of worked)		COETH CY	T COAL MINE	
	her th		17 Father's Name	/Eirot Middle La	ne él		COA	L MINER		or IFinal Adidah			LINE
Maryland	2 should be filed and Mental Hygi is marked other aumatic event, to	Be	17. Father's Neme						18. Mother's Nen		e, meiden Sumei	πθ)	
Z	d 2 should th and Men 7 is marke traumatic	10	WILLIAM TUNSTALL  ANNA F  19a. Informent's Neme/Relationship (Type, Print)  PEARL OAKES  STOYSTOWN, PENNSYLV								has City To	Out 7	Code
Ma	7525				LI YPE, PTINI)							, Stete, Zip	C000)
	f Haalt Itam 2 other		20e. Method of Dis			20b. Ple	ece of Dispos	ition (Neme of		Dete Dete	5563 20c. Location	- City or Tox	wn, Stete
Baltimore,	00-7			☐ Cremation 3 5 ☐ Other (Spe	☐Removel from cify)	State		NIY MEMOR	ETAL PARK 8	3/12/97		SET,	
Bal	pemit. Pag Department Important: i any injury o		21. Signeture of Fi	unerel Service Lid	censee 4	/>	RO		HALVERSO				
			23a. Pert1. Enter	the disease, or co	emplications that of	caused the death.	Do not ante	6 west	main st., ing, such es cerdiac	somers or respiretory	et, pa	15501	Approximete
	Physician		shock, or hee	ert fatilure. List or	ily one ceuse on e	ech line.							Interval Between Onset and Daeth
	/Medical		Immediete Cause diseese or condition	(Finel	Con	retrue	Heen	W In	lun				Fui year
	Examiner		resulting in death)	5(1	θ	yestwe Due to (or	es e consegu	ence of:					
-	p #	iner			Let	1 vento	cular	syste	markin				Five yeu
	acute ind trans	Examiner	Sequentielly list co	onditions,	b		es e consequ		v poor or			-	
00	sian g		Sequentielly list co if any, laading to li ceuse. Enter Und Ceuse (Diseese of that Initiated event	artying	· M	ocensus	Jula	nun					Fu &
68760,	ificate be executed g physician and as the burial-transit	edicai	thet Initiated event resulting in deeth)	s Last	c.		es e consequ						
	₩ O 0				d. C	oronay	arle	of de	u				from you
Вох	eath cert attendin I for use	ian										1	
P.0.	that the de led by the a detached	Physician/N	Pert It. Other signi					derlying ceuse g	iven in Pert I.	23b. Did	tobacco use co	ontribute to	the cause of death
	as that tigned by		Ch	yone o	Shuel	I Lung	duse	ı		10	Yes 2□ No	3 Prob	pably 4 Unknow
of Vital Records,	200	d by		•	i Psy					24e We	s en eutopsy	24b. We	ere eutopsy findings
00	v require been si should	lete		repressi	in 184	chosni					formed?	ave	pileble prior to
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ta			25. Wes cese refer	readle modical	pura	The state of the s			00 Dia ( Da-		Yes 2 No	1	Yas 2□ No
>		o Be	axaminer?		Hospital:	Inpatiant 2□E	P/Outpationt	3□ DOA O	26. Place of Dea		ona) sidence 6 □Otl	nos (Canaih	d
	Physer this eral d	n: T	27. Menner of Deel		28a. Date	of Injury 2	28b. Time of	28c. Inju			how Injury occu		,
on	Attending For death.	atio	1 Accident	5 Pending investigat		th, Dey Year)	Injury		ork? ]Yas 2 □ No				
Division		Certification:	3 ☐ Sulcida 4 ☐ Homlcide	6 Could not determine	289. PIECE	of Injury - At hon	na, farm, stree	et, fectory, office		28f. Location	(Street end Num.	ber or Rure	Route Number,
Ö	s after in Direction	Cert	4 🗆 Hollicide		Dulidi	ng, atc. (Specify)				City or 10	own, Stete)		
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completaly filled in by the f	edical	29a. Certifier (Check only one)	1 Certifying I 2 Medicat Ex	aminer: On the b	best of my knowless of examinetic	ledge, death on end/or inve	occurred at the testigetion, in my	ime, date end place, opinion, deeth occur	end due to the	e ceuse(s) end m	enner es ste end due to	eted. the ceuse(s)
	To the within 2. To the comple	Me	29b. Signeture end	I title of certifier	0.10.11,017	To taled.		29c. Licen	se number	T	29d. Dete signe	ed (Month, L	Dey, Year)
				He	eW			D 91	1907		AUGUST	09,	1997
	Pul	-	30. Name end eddr	10		se of deeth (Item 5	23e) (Type) P				4		
	740		Harrit	- Sidhu	MINA	^	wow	ushko	ad Cumb	erland	I MD.	1150	2.
	Sta	te	31. Date filed (Mon			egistrar's Signatu		-110	3	- (001/0	, , , ,	, , , , ,	
	Registr	_	AUG	1 % 199/	ground	CONTRACTOR OF THE	Will.						

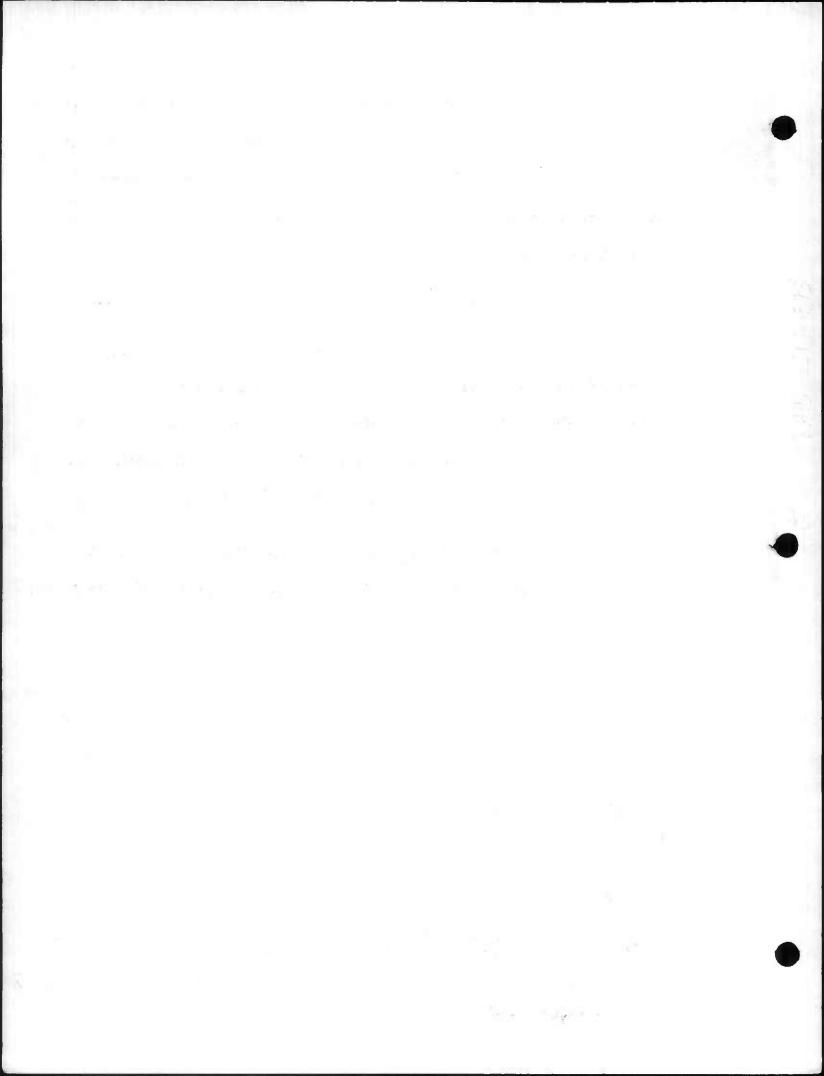
Registrar DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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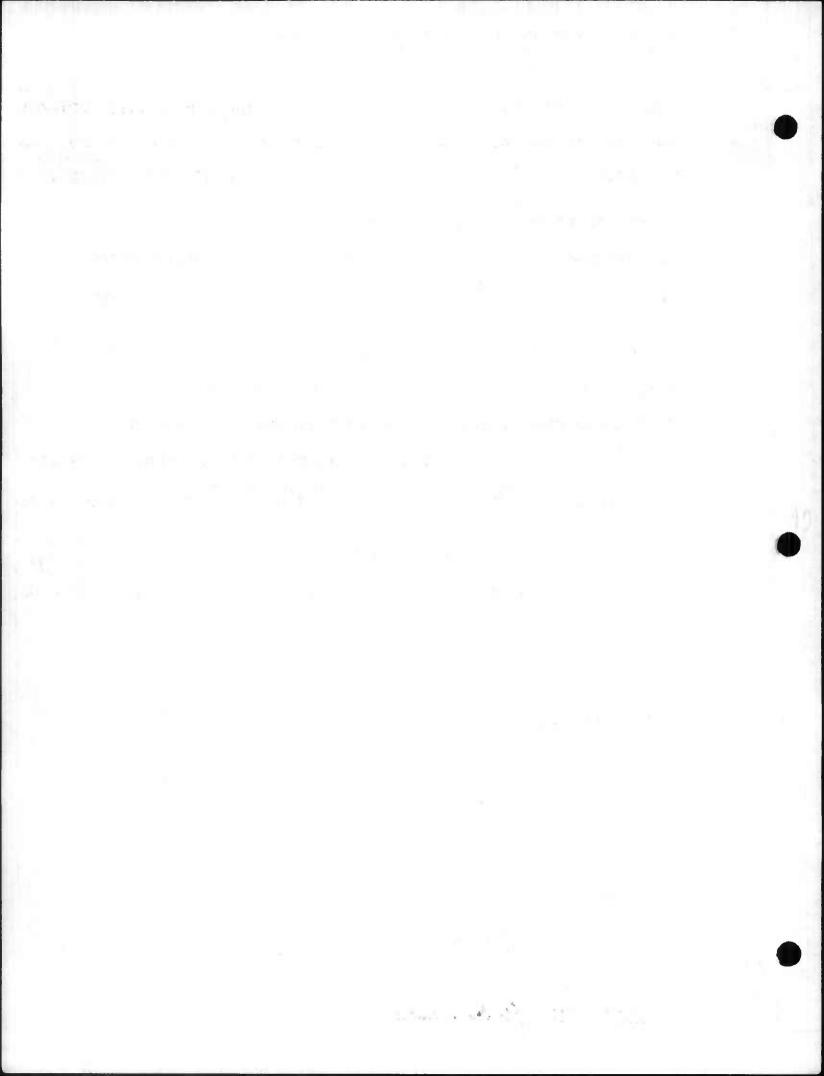
				C	ertificate o	f Death		Reg. No.	1	2000
Physic /Med		Decedent'a Name (First, Middle, La	- /	Edward Tol	liver Jr.		2. Date of De Month Augus	ath Day	1997	3. Time of Deet 6:15 AM
Exam		4a. Facility Name (If not institution, gir	ve street end number)			4b. City, Town, o	r Location of Deet	h 4c. County	of Death	
		Doctor's H	Hospital			Lan	ham	Princ	ce Ge	orge's
Funera Directo		577-52-8655	Sex 7. Ag 1][7] M 2□ F	ge (In yrs. lest birthda 59 Yrs.	y) If Under 1 Yea Months Day			th ly, Year) 4–38		place (Stete or Fore ington D
pur a		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or	Location					
Sa-f sho	Director		George's	Too. Oxy, Town or		attsville	е			10d. Inside City Lin
th with the		10e. Street and Number 6712 Stocktor	Lane		10f. Zip Code	20781		10g. Citizen of	What Coul USA	ntry?
within 72 hours after death with the Manyland ena. than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 120 Yes 2 If Yes, Give Year or Dates:	Ever in U.S. 8/23/55 8/22/61	I. Was Decedent of If Yes, specify Control of Image 1	f Hispenic Origin? ( uban, Mexican, Pue o <i>Specify</i> :	(Specify Yes or No orto Rican, etc.)	14. Red Bie Specif	ck, White,	can Indien, etc. ack
72 hc	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. Dec	edent's Usual Occ	upation se during most of w	rorkina	16b. Kind of B	usiness/in	dustry
within ena. than	mpi	Elementary/Secondary (0-12)	Coilege (1-4or	5+)		ne during most of w red)				
be filed withintal Hygiena.	S	12th			Truck Dr				Priva	te
	To Be	17. Father's Name (First, Middle, Last John Edward	•	Sr.		18. Mother's N	ame (First, Middle Mabel F:			
nd 2 sh tith and 27 is m		19a. Informant's Name/Relationship ( Shirlean M. Tol			_	et end Number or I Street,				
Demit. Pagas 1 and Department of Healt important: If Item 2: Imy Injury or other page.		20a. Method of Disposition  1 XBurlai 2 Cremation 3 4 Donetion 5 Other (Specia		cemetery, cr	position (Neme of remetory or other p Veteran		Date 8/14/97	20c. Location		own, State , Marylan
permit. Pagas Department of Himportant: If ite any injury or of once.		21. Signature of Funerel Servica Lica	1		22. Name and Add	lress of Facility Jenkins I	Funeral H	Home		
law requires that the death certificate be axecuted as been signed by the attending physician and a 2 should be detached for use as the burial-transit	Medical Examiner	Sequentiatly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. ANEM	Due to (or as a cons Due to (or as a cons Due to (or as a cons	equence of):	THROM	1BO CYT	OPENH	4	3 mont
death ce e attand d for us	Physician/	Part II. Other significant conditions of	o.	uit not resulting in the	underlying cause	niven in Part I	23h Did	tobacco usa co	ntribute t	the cause of de
as that the de igned by the be detached					andonying dadde	groot in t utt.		Yes 2 No		bably 4 Denkr
e law requiras has been sign ge 2 should be	Completed by							an autopsy ormed?	av	ere autopsy finding aliable prior to impletion of cause deeth?
0 - 0	Com						1 🗆	Yes 2 No	1[	☐ Yes 2☐ No
ysicism: The s certificate director, par	Be	25. Was case referred to medical examiner?				26. Ptece of D	eath (Check only	one)		
Physician: r this certific aral director,	2	1 ☐ Yes 2 ☐ No	Hospitai:		ent 3L DOA		Home 5 ☐ Resi	dence 8 □Oth	ner (Specil	у)
ath. r: Afte	ation:	27. Manner of Deeth  1 ☑Naturai 5 ☐ Pending 2 ☐ Accident investigatio		y Year) 28b. Time injury	W	uryet fork? ☐ Yes 2 ☐ No	28d. Describe	how Injury occur	rred	
al or Attendi s after death I Director: A d in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Inj building, et	ury - At home, farm, s c. (Specify)	street, fectory, offic	е	28f. Location ( City or To		ber or Rure	el Route Number,
To the Hospital or Atte within 24 hours after de To the Funerel Directo completaly filled in by th	edical (	29a. Certifier Check only one) Certifying Ph	nysician: To the best miner: On the basis of and manner st	f examinetion and/or	eth occurred at the Investigation, in my	time, dete and place opinion, death occ	ce, and due to the curred at the time,	ceuse(s) end m date end piace,	anner as s and due to	lated. the cause(s)
To the I within 2 To the I complet	Me	29b. Signature and title of certifier	OUSE PH WRIGHT	4SICIAN M N	29c. Lice	nse number		29d. Date signe	od (Month,	Dey, Year) . / 97
S)(Ve	1	30. Neme end address of person who DR . MOPK PARA	WRIGHT, D	ND CEA	575 M	AIN STRE	ET #3	55, LAU	REL	MD 207
St Regist	ate rar	31. Date filed (Month, Day, Year)  ALC 13 199	32 Registr	ar's Signature	et				1	

AUG 13 1997



Department Name (First Medical Last)   The Par				S	State of Maryland	-	irtment of F tificate of			iene 9	7 2	25839
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DATE OF STATE STATES DENNETT    PARTICIA YOUNG   PARTICIAN Number, City or Town, State, Zip Code)	pu	be file tal Hy d othe	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Name	(First, Middle, A	<i>laidan Sum</i> am	a)	
20. Membod of Disposition    Disposition   Control   Con	ryla	d Men marke	T <sub>o</sub>		District.	400 14.95						
Comment   Comm												
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9 4 The state of t	_	h certificete be executed ending physician and use es the burial-trensit	edical	Sequentially sist conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants	Dua 10 (01 1	as a consequ		eatic	Carci	noma	2	ight mouths
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1   Matural   2   Accident   3   Suicida   4   Homicida   5   Panding Invastigation   6   Could not be datarmined   28a. Place of Injury - At home, farm, streat, factory, office   28f. Location (Street and Number or Rural Routa Number, building, atc. (Specify)   7   1   Year   2   No   28d. Location (Street and Number or Rural Routa Number, building, atc. (Specify)   7   1   Year   2   No   28d. Location (Street and Number or Rural Routa Number, building, atc. (Specify)   7   Year   7   Y	alF								1 □ Ye	s 2 No	101	Yas 2□ No
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30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)  HASSAN GHATAL; 2904 Jessica Ct., Vienna, VA 2218)  State 31. Data filed (Month, Day, Year)  Registrar's Signatura		with Com	Σ	29b. Signeture end titla of certifiar	Z> WD				25	_		
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

25840

Physician	
/Medical	
Examiner	

Tracey

3. Time of Death 04:35 A

10d. Inside City Limits

1□ Yes 2□ No

**Funeral** 

Director the Maryland with

Director

Funeral

þ

Completed

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and hijury or other traumatic event, the Medical Examinat must appre. Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Examiner

Physician/Medical

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Completed

Be

2

Certification:

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29a. Certifier

physician and the buriel-transit that the death certificate be executed 80 signed by the attending I be detached for use es peed has this certificate Hospital or Attanding Physician: 24 hours effer death. Funeral Director: After this certifica funeral complately filled in by 24 hours

Box 68760,

Division of Vital

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month Todd Ann 11,1997 AUGUST 4e. Fecility Name (If not institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Deeth Capitol Heights PRINCE GEORGES Road 1408 PINEGROVE | Months | Deys | Hours | Min. | August 2,1963 | Alexandria, VA 7. Age (In yrs. last birthdey) 5. Sociel Security Number Months 1□M 2□F 578-90-8451 Yrs. 34 Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location Maryland Prince George's Capitol Heights 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1408 Pinegrove Road 20743 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ঐ No If Yes, Give Year or Dates: 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1□Yes 2ANo White 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 7th College (1-4or 5+) Cashier Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Sophia Norman Lee Todd, Sr. Swain 19a. Informent's Name/Relationship (Type, Print) 19b. Melting Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1408 Pinegrove Rd Capitol Heights, MD 20743 Andrew Parker/ Friend 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, State D Burlel 2 ☐ Cremation 3 ☐ Removat from State Briery Branch Church Cem 8-15 Dayton, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Servica Licenses 22. Name and Address of Fecility Marshall's Funeral Home Bhiscoe lonic 4308 Suitland Road Suitland, MD 20746 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Immediete Ceuse (Final Cirrnosis diseese or condition resulting in deeth) Due to (or es a consequence of) alcoholism Chronic Sequentietly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or as a consequence of) Due to (or es a consequence of)

25. Was cese referred to medical

Pert li. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t.

23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Wes an autopsy performed? Limited 1 Yes 2 No 24b. Were eutopsy findings availeble prior to completion of cause of deeth? 1 XYes 2 No

Approximete Intervel Between Onset end Death

26. Plece of Death (Check only one) miner? Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 1 XYes 2 No Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident

6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Location (Street end Number or Rural Route Number, City or Town, State)

AUGUST 11,1997

(Check only one) 29b. Signature end title of certifier 29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year)

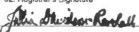
30. Name and eddress of person who completed cause of death (Item 234) (Type, Print)

Stephen S.
31. Dete filed (Month, Day, Year) S. Radentz 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signeture

OCME

State Registrar

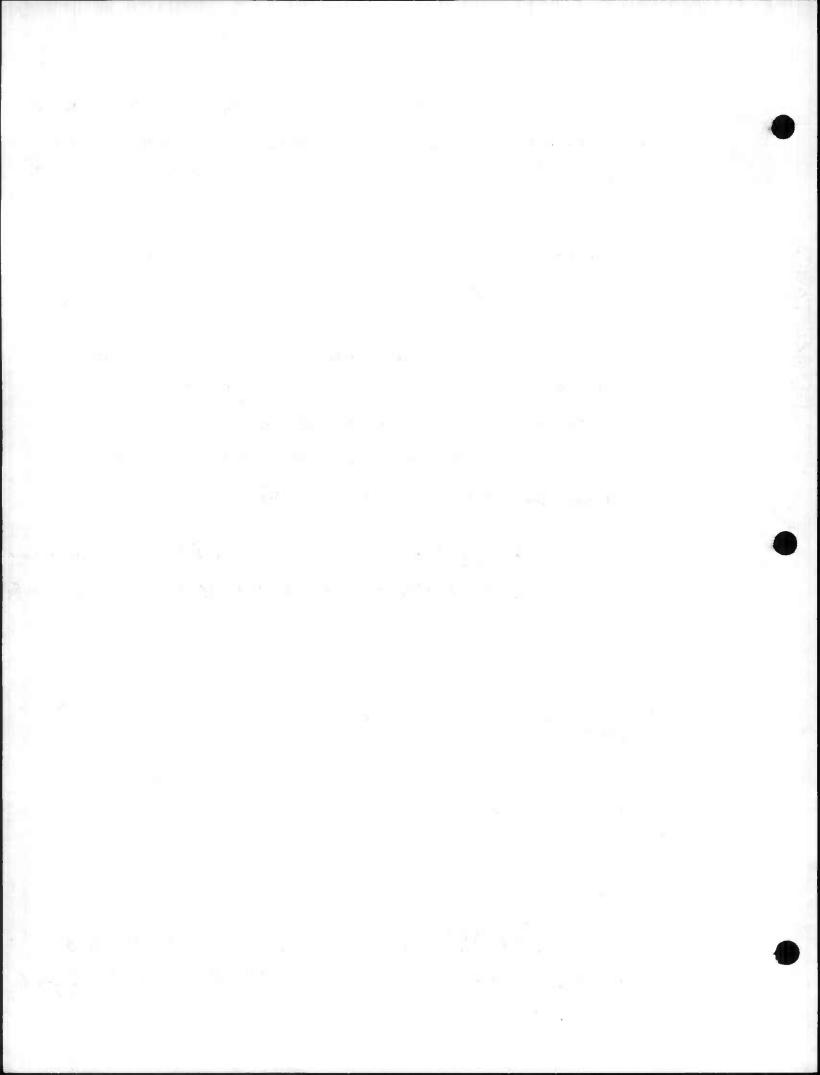
AUG 1 5 1997



To the Vithin 2

State of Maryland / Department of Health and Mental Hygiene 9.7

					ilyiana, E	Certificate of	of Death		Reg. No.	4	004	1		
	Observated		Decedent's Nema (First, Middle, Last)									Deeth		
	Physici /Medi		Henry Taylor					Augusa	t 70 1999		5:45	AM		
	Examir		4e. Fecility Name (If not institution, giv	ocation of Deeth	cation of Deeth 4c. County of Deeth									
L			Doctors Commun			W11. 4. 4. 4.	Lanham	7. 1	Prince Ge					
	Funeral Director	Funeral Director	5. Sociel Security Number 217-76-9581  7. Age (In yrs. lest birthday) 1 M 2 F 65  Yrs.  7. Age (In yrs. lest birthday) 1 Months Deys Hours Min.  8. Dete of Birth (Month, Day, Jear)  1 Usuel Residence of Decedent							9. Birthp Coun Was	ieca (Stete or try) 5 h . , D	Foreign . C .		
Baltimore, Maryland 21215-0020	No 18		10a. Stete 10b. County		10c. City, Town	or Location				1	0d. Inside Cit	y Limits		
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Pyglene. Importants: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any Injury or other traumatic event, if a Medical Exercises must be routined an once.		Md. P	1 <u>/</u> 2/Y				2□No						
			10e. Street end Number		10g. Citizen of W	het Coun	try?							
		air	9619 Annapol		U.	S.A.								
		by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Wes Decedent Evar in U. Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:			13. Was Dacedant of If Yas, specify C	of Hispanic Origin? (S) uben, Mexican, Puart No Specify:	pecify Yas or No- D Rican, etc.) 14. Race - Am. Black, Whi Specify:						
	72 ho	Completed	15. Decedent's Ed	ducation	16a.	Decedent's Usuel Oc	cupetion	16b. Kind of Business/Industry						
	ithin 7	npie	(Specify only highast gra Elementery/Secondary (0-12)	College (1-4or 5-	+)	iife. DO NOT use rel	na during most of wor ired)	,,,,,,,						
	be filed within ital Hygiene. d other than *	Co	0 Unemployed											
	be title H of the off	To Be	17. Fether's Neme (First, Middle, Last,		18. Mother's Neme (First, Middle, Meiden Sumema)									
	should nd Men marke umaric							Unknown						
	d2sh thand 7 Is m traum		19e. Informent's Neme/Reletionship (Type, Print)  Donald Craig/Friend  19b. Meiling Address (Street end Number or Same as # 10 above 10 ab						Rural Route Number, City or Town, Stete, Zip Code)					
	Health Health Jem 27 Sther tr		20e. Method of Disposition	rrend				Dete	20c. Location - (	Olty or To	wn. Steta			
	permit. Pages Department of i Important: If its any Injury or o		1□Burial 2 The Cremation 3□Removel from State 4□Donetion 5□Other (Specify)  Balt-Wash. Crematory 8/18/97 Laurel, Md.											
Ba	permit. Departr Importa any inje		21. Signature of Funerel Servica Licar	W. Ci	all	H.S.V 4925 Bu	dress of Facility Vashingto urroughs	n & So Ave., N	ns,Inc	•				
	Physician /Medical	er	23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heert feiture. List only one ceuse on each line.  Approximete Intervel Between											
			Immediate Ceuse (Finel disaese or condition resulting in death)  e. RESPIRATORY FAINURE Concerns to the consequence of the concerns to the con								eeth			
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					ue to (or es e o	onsequence of):	A C	04.	. \ a					
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ó	exec an an nial-tr		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury											
68760,	tificate be executed g physician and as the burial-transit		Ceuse (Diseese or Injury thet initieted events resulting In death) Last											
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o.	the d by the	hys	Pert II. Other algrificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the cause of					
ital Records, P.	s that ned to e detr	Be Completed by Pl							1 Yes 2 No 3 Probably					
	been shoul		Colity		24a. Was an autopsy performed?			ore eutopsy fi ellable prior to apletion of ca deeth?						
	The law ite has bage 2							101	as 200No	10	Yes 201	No		
			25. Wes case referred to medical	26. Plece of Dee	eth (Check only one)									
2	Physic this ce al dire	To	exeminer? 1 Yes 2	Hospital:	t 2 ER/Out	patient 3□ DOA	Other: 4 Nursing H	Homa 5 ☐ Residenca 6 ☐ Other (Specify)						
Division of Vital	Attending I death. ctor: After yy the funer	Medical Certification:	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigation			ime of 28c. In V	28d. Describe how Injury occurred							
			3 Suicide 6 Could not be determined	28e. Placa of Injur building, etc.	m, street, fectory, office	се	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)							
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in the completely filled in the complete of		29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) end menner as steted. 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete and pieca, and due to the cause(s) and menner steted.											
	To the comp										Dey, Year)			
				00m	3	D-	3452	2	1-20	1-	5			
			30. Neme end address of person who	completed cause of dec	eth (Item 23e) (	Type Print)	le Roa	d:#	220,6	Sour	R-M	716		
	Sta	te	31. Date filed (Month, Dey, Yeer)  AUG 1 5 1997  32. Registrer's Signeture											
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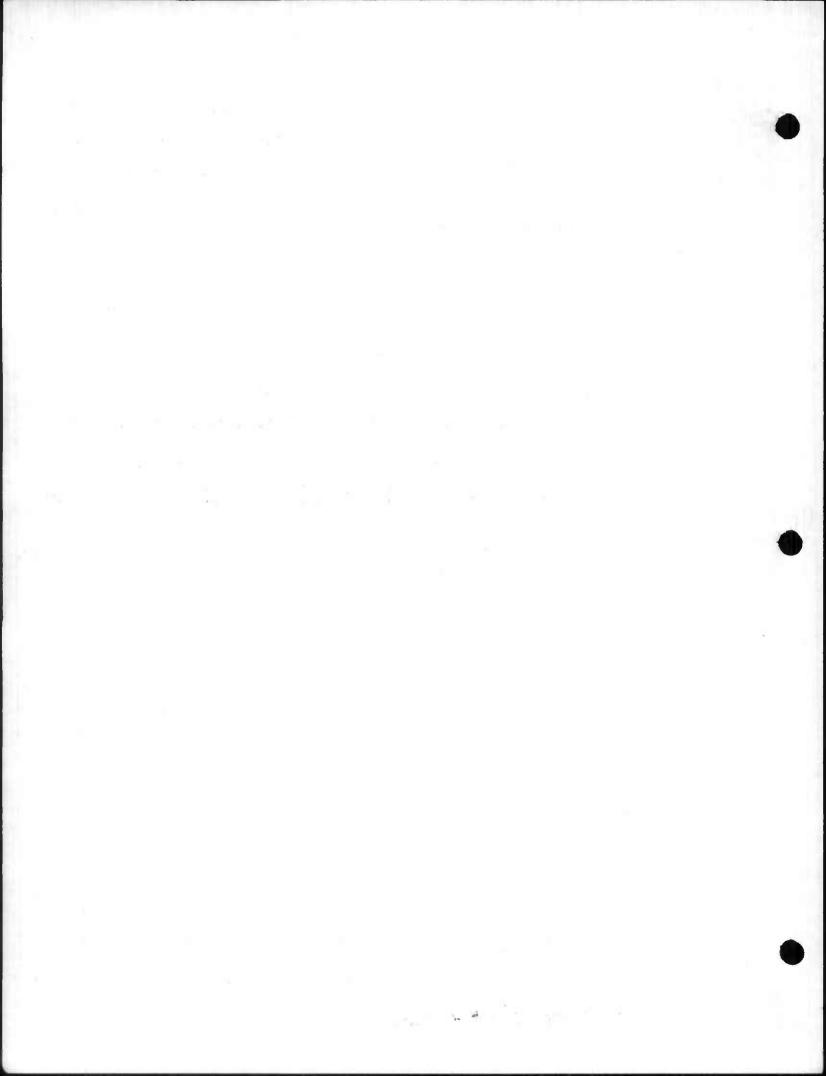


State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	of	Death			Reg. No.		20072		
			Decedent's Nama (First, Middla, Last)						2			2. Deta of Deeth Month Dev		3. Time of Deeth		
Physic /Med			Uo a re   Mast 1137   6 re								August	Dey 8, 19	Year 97	3:05 pm		
	/Medi Examii								4b. City, To	wn, or Lo	ocation of Deal					
	LXUIIII		Hill Haven Nu	rsing Ho	me				Ade	elph:	i	Prin	nce George's			
-	Funeral		5. Social Security Number	6. Sex	_	yrs. last birthday	If Under 1		If Under	24 Hrs.	8. Dete of Bi (Month, D		7	plece (Stete or Foreign		
L	Director		578-54-9930 Usuel Residence of Decedent	1□ M 2Ã F	M 2 F 92 Yrs. Months			Deys	Hours	Min.	May 25	, 1905	Country)			
	n 72 hours after death with the Manyland "naturel", or flems 23e or 28a-f show solice! Examiner must be notified at	tor	10a. Steta 10b. County Maryland Prince			Ade1phi								10d. Inside City Limits 1 ¥ Yas 2 □ No		
		Director	10e. Street and Number 10f. Zip Code							10g. Chi			tizen of Whet Country?			
									20783			U.S.A.				
	deat	Funeral	11. Merital Status	Merital Status     12. Was Decedent Ever In Armed Forces?			U,S. 13. Was Decedent of Hispanic Origin? (Sp If Yas, specify Cuban, Mexican, Puerto					o- 14. Ra		e - American Indien,		
020	urs after el', or its Exemps	by	1 ☐ Never Merried 2 ☐ Mari	ried 1 Yes	1 ☐ Yes 2X No If Yes, Give 1 ☐ Yes : Yaar or Detes:						rican, atc.)	Bleck, White, etc.  Specify: White				
0	2 ho	ted	15. Deceden	t's Education	ducation 16e.		e. Decedent's Usuel Occupation				230	16b. Kind of E				
215		pie	(Specify only higher Elementary/Secondery (0-12)	T	College (1-4or 5+)		(Giva kind of work done during most of wor life. DO NOT use retired)			it of work	ing					
21		Completed	8	Comogo			Home Maker					Own	Home			
altimore, Maryland 21215-0020	be filed ntel Hygle of other event, to	Be	17. Fethar's Neme (First, Middla, Last)				18. Mother's Neme (First					st, Middle, Meiden Surneme)				
	Dede	To							Alice Morgan							
	2 sho and h is ma		19a. Informant's Neme/Reletions	hip (Type, Print)		19b. Meil	ing Address (S	Street	and Number	er or Run	al Route Numb	er, City or Town	, Stete, Zi	ip Code)		
			Carol S. Tyler	- Daught	er-in-	law 211	9 Sara	na	c Stre	eet,	Ade1ph	i, Mary	land	20783		
	item of He		20a. Method of Disposition		20	b. Plece of Disp		of		T	Dete	20c. Location		own, Stete		
	Pages 1 and ment of Health ant: If Item 27 jury or other t		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (S)			ort Line	, , , , , , , , , , , , , , , , , , , ,	,	,	10	/12/07	Brontus	od 1	Maryland		
	ZEEF.		21. Signeture of Funeral Service				2. Name end				0/12/9/	prentwo	ou, i	Maryland		
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			shock, or haert feilure. List	only one ceuse on	eech line.	deeth. Do not an	ter the mode t	от аун	ng, such as	cardiac	or raspiratory a	irrast,	- 1	Approximete Interval Between Onsat and Deeth		
	Physician find physician and find physician and as the burial-fransit east the burial-fransit		Immediete Ceuse (Final		~								1	11		
			disease or condition resulting in deeth)	е	STRO	KC							I	6 month		
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,00		I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that intitled events resulting in deeth) Last  Due to (or es e consequence of):													
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9 x	E 0 4	Me		L.												
BO	0 0 0	an	d													
0	s death he etter hed for u	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.									Did tobacco use contribute to the cause of death?				
<u>P</u>	that the ned by th deteche	Phy									10	1 Yee 2 No 3 Probably 4 Unknown				
Ś	as the	Completed by									`					
ord	v requires been sign should be										24e. Was an autopsy performed?		24b. Were autopsy findings aveilable prior to			
	aw r							-						omplation of cause f death?		
ď	The lew ate hes b page 2 s										10	Yes 2 No	1	☐ Yes 2☐ No		
Vita	or Attending Physician: The after death.  Director: After this certificate in by the funeral director, pages in by the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director, pages in the funeral director director.	Be C	25. Wes case referred to medical		Of Place of Deat											
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of												how injury occu		iiy)		
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		fica	3 Suicide 6 Could	not be								Street end Num	her or Bur	rel Route Number		
	× 2 5 C	Certification:	4 ☐ Homicide determ	buil	28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, Stete)					
	pital oral filled	- 1	20a Cartifiar M Carthus	o Dhuaisian. To th	a bask of mu	la cuda da cid		nh - 41		1-1		/ > /				
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai	29e. Certifier  (Check only one)  (Check only on											stated. to the cause(s)		
		Me	end menner steted.  29b. Signeture and title of cartifiar ( )  29c. Licanse number 29d. Date signed (Month, Dey, Year)													
	-												1 1997			
	(1)		D31563 August 11, 1991)													
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  CHAFLES M BENNER ND 11251 LOCKLIBOD DRIVE, SILVER SPRINT, MD 20901													
	Sta		31. Dete filed (Month, Dey, Year)	32.	Registrer's Si	igneture										
	Registr	ar	AUG 12 1	221	A drive	4.51-Randa	4									

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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		_						Cer	tificate o	TL	veatn		Re	g. No.			
	ysicia Viedic	_		an G	elder							Aug	ust		9 <sup>Yeer</sup>	3. Time of 8:05	
Exa	amin	er	4e. Fecility Name (If not institution Rockville Nurs			um <i>ber)</i>					o. City, Town, or OCKVill		f Deeth	4c. County		ry	
Fund Direct	_		5. Sociel Security Number 341-07-2356	6. Sex	M 2□ F		n yrs. lest bir 93	thdey) Yrs.	if Under 1 Yes Months Day		If Under 24 Hrs Hours Min	8. Date Augu	of Birth hth. Day UST 24	Year 1903	9. Birth	plece (Stete o	r Foreign
Maryland a-f show	iffed at	ctor	Usual Residence of Decedent  10a. State 10b. County  Maryl and Monto		^y	10	C. City, Tow									10d. Inside CI	
中 す な 28	gu e	Director	10e. Street end Number					_	10f. Zip Code	Э			10	g. Citizen of \	Whet Cou	ntry?	
ath w	all little	le	536 Rutgers St	reet					20850					United	Sta	tes	
and 21215-0020  be filed within 72 hours after death with the Maryland niel Hygiene. Ind thygiene.	Transfer II	by Funeral	11. Marital Status  1 Never Merried 2 Mar  3 Widowed 4 Divorces	ried	2. Was Dec Armed F 1 Tes If Yes, G Year or I	orces? 2 X No live	or in U,S.		Vas Decedent o Yes, specify Cu ☐ Yes 2 1 N		panic Origin? (S , Mexican, Puer Specify:	Specify Yes to Rican, e	or No-		ck, White,		
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Mar 2 sh end is m	Taum.		19a. Informant's Name/Retations			C			g Address (Stre					-			- A
teal and	other traumatic	-	Marvin K. VanGo	erae	r	Son			chard W	-	North,						54
Tor in the	5		20a. Method of Disposition 1 ☐ Burial 2 ☼ Cremation	3 □R€	movel from		cemete	ry, crem	etory or other p	olece,	· I	Dete		0c. Location -			
Baltimore, bemit. Pages 1 a Department of Hea mportant: If Item	- Jery	-	4 Donetion 5 Other (S				Chesa	-	ke Crem			8-14-	97 B	eltsvi	lle,	Maryla	and
Baltimor permit. Pages Department of H Important: If Ne	any Injury once.		21. Signature of Funerat Service	License	е			Ra	pp Fune	ress	1 Servi	ces.	P.A.				
		_	Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 2092  23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Interval Between Interval Between														0910
Physic /Medi	_		Immediate Ceuse (Finat	r complic t only one	e ceuse on	each line.					, such as cardia	c or respire	etory arre	st,	1	Interval Bety Onset end [	ween Death
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Pa :	18it	Examiner		b.	Pı	neumo	nia	consequ	zence or).						1	4 days	S
58760, icate be executed physician and			Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury			Due	e to (or as e	consequ	uence of):								
- E O	use as the b	Physician/Medical	thet initiated events resulting In death) Last	c.		Due	to (or as e o	consequ	ience of):								
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IS, P.O. res that the de rigned by the a	deteched		Pert il. Other algolificant condition  Gastrostom		ributing to d	leath but no	ot resulting in	the un	derlying cause	given	n in Pert I.	23	Did tob	acco use con		o the cause of	
requir	2 should be	Completed by										246	. Was an perform	eutopsy ed?	av	ere autopsy fi railable prior to impletion of co death?	0
T 9 5	page	E											1 ☐ Yes	2 No		☐Yes 2☐	No
Of Vital Physician: The	ō		25. Wes case referred to medica examiner?	ıl							26. Place of De	ath (Check	only one	)			
OT VITA Physician:	6	0	1 ☐ Yes 2 💢 No	Ho	ospitat:	inpatient	2 ER/Ou	tpatient	3□ DOA	Other	Nursing H	tome 5	Resider	nce 6 Oth	er (Speci	(y)	
DIVISION O  or Attending Pt  efter death.  Director: After th			27. Manner of Deeth 1 Naturat 5 ☐ Pendir 2 ☐ Accident investi	gation	28e. Date (Mor	of Injury oth, Dey Ye	28b. 1	Time of njury	28c. in W		et es 2 No	28d. Des	scribe hov	v Injury occur	red		
DIVIS al or Att	d in by	Sertition	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	not be nined	28e. Plece build	e of Injury - ling, etc. (S	At home, fa	rm, stre	et, factory, offic	ю		28f. Loca City	ation (Street or Town,	eet end Numb Stete)	er or Run	el Route Num	ber,
To the Hospital or Attending P within 24 hours effer death. To the Funeral Director: Affert	oletely fills	edical	29a. Certifier (Check only one)  1 Certifylr 2 Medical	ng Phyai Examine	er: On the b	e best of mo easis of exa oner stated	amination and	, death d/or inve	occurred at the estigation, in my	time y opir	, date end place nion, death occu	e, and due urred at the	to the car time, da	use(s) and ma te and place,	inner as s end due t	tated. the cause(s	)
To the	E COM	29b. Signeture and title of certifier 29c. License number									number		29	d. Date signe	d (Month,	Dey, Year)	
10			1 July	do	-				D18	72	6		A	ugust	13,	1997	
	Stat		30. Name and address of puson  Arthur Schoenge 31. Date filed (Month, Day, Year)	who con	M.D.	. 971	5 Medi	cal	Center	D	rive, S	uite	221,	Rocky	ille.	Mary	)850 land
Reg	gistra	G	AUG 14			ha Da	Signature	Pand	22								

State of Maryland / Department of Health and Mental Hygiene

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		Decedent's Neme (First, Middle, La	ist)						2	2. Dete of De Month	eth Dey	Yeer	3. Time of Deeth
nysician Medical	_	Paul C.	Wong	/						08	10	1997	4:35 AM
xaminer		la. Fecility Neme (If not institution, given						4b. City, To	wn, or Loca	tion of Deat	h 4c. Coun	ty of Deeth	
		Holy Cross Hospit	al					Silve	r Spr	ing	Mont	gomer	y
neral	5	5. Social Security Number 6. S		ge (In yrs. lest t	oirthday)	If Under	1 Year Devs	If Under Hours	24 Hrs. (	B. Date of Bir (Month, De	th ev. Year)	9. Birth	plece (Stete or Foreign
ector		372-22-4664	1 <b>X</b> M 2□ F	77	Yrs.		50,0	7.00.0		July :	16, 192	Ch.	ina
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miner must be notified at		Too. State		10c. City, To	WII OF LOC	ation							10d. Inside City Limits 1 ☐ Yes 2 No
oto	3	Maryland Montgom	nery	Rockv	ille	_							
be notified Director	5 1	Oe. Street end Number				10f. Zip 6					10g. Citizen o	Whet Cou	ntry?
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iner must	1	1. Maritel Stetus	12. Was Decedent Armed Forces	7	1 16	Yes, speci	itv Cube	lispanic Origen, Mexican	gin? (Spec	fy Yes or No can, etc.)	)- 14, R	ace - Ameri eck, White,	
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다 일		Tat Ng Wong						Sin	Kwun	Fung			
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any injury or other to once.			laughter						ve, S	an Die	ego, CA	9213	
or of	2	20e. Method of Disposition 1 ☐ Buriel 2 【Cremation 3 ☐	Removel from State	20b. Plece cemer	of Dispos ery, crem	ition (Nam atory or ott	e of her plac	ce)	i	Date	20c. Location	- City or To	own, State
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any injury	2	21. Signeture of Funeral Service Licar	nsee		22.	Neme end	Addre	ss of Fecilit	v				
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	+	23a. Part1. Enter the diseese, or com	plications thet cause	d the death. De								iui y i c	Approximete
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Examiner		Sequentially list conditions	b. Tree	Due to (or es		3	ces	<u> </u>					one mom
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y Physician.	F	Pert II. Other significent conditions of	ontributing to deeth t	out not resulting	in the und	derlying ca	use giv	en in Pert i		23b. Did	tobacco use o	ontribute t	o the cause of death
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should b											en eutopsy	24b. W	ere autopsy findings
Sho	<u> </u>									pen	ormed?	CC	mpletion of cause death?
page 2 should											va aldala		
o. o		25 Was nosa referred to madical				_					Yes 20 No		☐ Yes 2☐ No
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/ 2		27. Manner of Death	28e. Dete of Inju		Outpetient Time of		A	4 LI Nu			how Injury occ		79)
		1 Natural 5 Pending 2 Accident investigation	(Month, De		Injury	м	Wor	k? Yes 2□					
tion:	3	3 ☐ Suicide 6 ☐ Could not b	e on Diese of te	iury - At home	ferm stre					f. Location	Street end Nur	nber or Run	al Route Number,
fication:	2	4 C Hamisles determined	building, e	tc. (Specify)	, , , , , , ,	oi, 100i0iy,	Omoo				wn, Stete)		, , , , , , , , , , , , , , , , , ,
ertification:		4 Homicide determined		of my knowled	ne deeth	occurred a	t the tir	me date an	d place, as	d due to the	causa(s) and	nannar as s	stated
filled in by the funeral		4   Homicide	velcian. To the hest	or my knowledg	ind/or Inve	estigation,	In my o	pinion, dee	th occurred	et the time,	date end place	, and due t	o the ceuse(s)
etely filled in by the funeral dicai Certification: 1		29a. Certifier 12 Certifying Ph	ysician: To the best niner: On the besis of end menner st	of examination a leted.									
Medical Certification:	2	29a. Certifier 1X Certifying Ph	ysician: To the best niner: On the besis of end menner st	of examination a leted.		29c.	Licens	e number			29d. Date sign	ed (Month.	Day, Year)
Medical Certification: 7	2	29a. Certifier 12 Certifying Ph (Check only one) 2 Medical Exam	niner: On the besis of	of examination a leted.		29c.							
Medical Certification: 1	2	29a. Certifying Phonocology (Check only one) 29b. Signeture end title of certifier  Steven (	niner: On the besis of end menner st	2 MD				308	398			ned (Month,	
completely filled in by the funeral  Medical Certification: 1	2	29a. Certifier (Check only one) 12 Medical Example 19b. Signeture end title of certifier Steven (19b. Name and address of person who	end menner st	2 MD	) (Type, P	Print)	D	308		()1	8-	10-0	77
pletely filled in by the funera edical Certification:	2	29a. Certifying Phonocology (Check only one) 29b. Signeture end title of certifier  Steven (	end menner st	2 MD	) (Type, P	Print)	D	308		Silve	8-	10-0	77

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

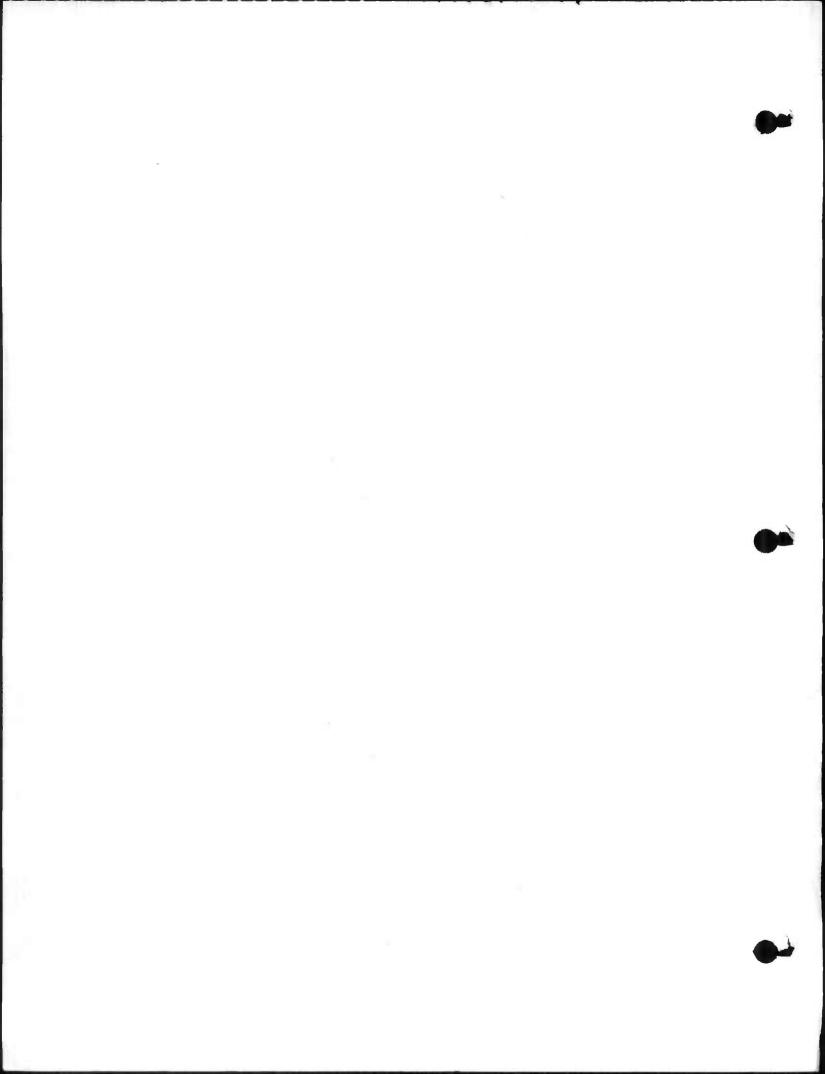
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Pages 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMENT	OF H	EALTH AND DEATH	MENTA	AL HYGIE				
1. DECEDENT'S NAME (First			_					DEATH		E OF DEATN			3. TIME OF DEAT	rn -
	ARGAL	25T	F.	WO	LFE				AU/	in aust	DAY 13 1	YEAR 997	10.35	
4. SOCIAL SECURITY NUME		. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATI	E OF BIRTH		a. BIRTN	PLACE (State or Fo	
051185795		M 2 F	9	92	YRS.	MONTHS	DAYS	R LOCATION OF D	jul	y 27 1	7 0 0	Countr	NEW YOR	K
HEBREW HO		,	WASH	ITNCT	ON		KVII		EATH		1// 1-1	NTY OF D		
RESIDENCE OF DEC	EDENT	KERTEK	WILDI	IINGI							MO	NTGC	MERY	
MD	MONTGO	MERY			110	y, town ( KVIL		ION					10d. INSIDE CITY LIMITS? 1 X YES 2	
10e. STREET AND NUMBER							101.	ZIP CODE			10g. CITI	ZEH OF V	WHAT COUHTRY?	
6121 MONTR								20852			U	NITE	D STATES	S
11. MARITAL STATUS  1 Never Married 2		FORCES? 1	YES	2 V N	MED O	13.	WAS DECI	EHDENT OF HISPA	NIC ORIGI	IN? (Specify You	s or No-	14. RACE Black	- American India , White, atc.	en,
3 Widowed 4 Divo		IF YES, OIVE W	AR OR D	ATES AL			1 YES			3.00	Ì	Speci	WHITE	
15. DEC (Specify only	EDENT'S EDUCAT y highest grade con	ION npleted)		(Giv	EDENT'S	vork done	CCUPATIO	N st of working	16	b. KIHD OF BU	JSINESS/IND	USTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5 -	+)	0.00	Do NOT us	,								
17. FATHER'S HAME (First, M.	iddle, Last)			SEC	RETA	KI		16. MOTNER'S NA		FEDERA		ERNM	ENT	
ADOLF F	RIEDMAN							FRIEDA			· Guirianney			
19a. IHFORMANT'S NAME (7	ype/Print)			19b.	MAILING	ADDRESS	(Street ar	nd Number or Rural	_		vn, State, Zip	Code)		
ALAN DAVI		-SON		13	O NE	W MA	RK E	SPLANADI	E_RO	CKVILL	E MD	2085	0	
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   LAKESIDE MEMORIAL PARK   S/17/97 MIAMI, FLORIDA														
21. SIGNATURE OF LINERA		SEE	1 2.	HULO I	1.	22.	NAME AN	D ADDRESS OF FA	CILITY					
Dean	ha	An	rl	,	_ 0	11	70 R	SKY-GOLI OCKVILLE	E PIE	KE, RO	CKVIL	LE M	ELS D 20852	
23. PART I. Enter the di shock, or he	seasea, or comest fellure. Lie	plicétiona the	t caused	d the dee	th. Do n	ot enter	the mod	ie of dylng, suc	h as cei	diec or resp	iratory arr	est,	Approxima	
IMMEDIATE CAUSE (Fin					0			0					Onset and	
resulting in death)	→ a			LE			NON	.4-					IDA	ty
	_			COHSEON		7):							į.	
Sequentially list condition if any, leading to immediate				COHSEO		j:							<u> </u>	
cause. Enter UNDERLYI CAUSE (Disease or Inju	NG													
that initiated events resulting in death) LAS		DUE TO	(OR AS A	COHSEOL	JEHCE OF	):								
	d		_										-	
PART II. Other significa	nt conditions c	ontributing to	death b	ut not re	sulting i	n the un	derlying	cause given in	Part i.	24a. WAS AI		24b.	WERE AUTOPSY FI	
ATHER	o SCH	ERUTIC		AP-Di	o vr	15 W	LAR	- Disea	35	1 TYES	RMED?		AVAILABLE PRIOR COMPLETION OF	
DID TOBACCO U	SE CONTRIB	LITE TO CA	IISE O	E DEAT	L VE	<u>с П н</u>	NO 12	LINICEDTAN		-			1 YES 2 H	10
25. WAS CASE REFERRED TO		OIL TO CA	_	26. PLACE				UNCERTAI	ΝЦ					_
EXAMINER?		OSPITAL:				OTHER	R:	5 - Residence	6 🗆 Oth	er (Soecify)				
27. MANHER OF DEATN		26e. DATE OF (Month, D	IHJURY		26b, TIME	OF	26c. IHJU WOF	IRY AT		SCRIBE HOW	INJURY OCC	URED		
	Pending nveatigation		-,,,,			М		ES 2 NO						
	Could not be determined	26a. PLACE O building,	F IHJURY etc. (Spec	— At hom	ie, term, si	treet, fact	ory, office		261. LOC City	CATION (Street or Town, State	and Number )	or Rural R	oute Number,	
29e. CERTIFIER (Check only	IFYING PHYSICIAI	N: To the best of	my know	ledge, deat	th occurre	d at the ti	me date	and place, and due	to the ea	use(s) and ma		-4		
								ath occured at the					and manner as at	lated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1		Λ4 Λ				29c. LICEHSE HUI					(Month, Day, Year)	
30. HAME AHD ADDRESS OF	PERSON WHO	OMPLETED CAUS	-			Outers		D 365	52		AV	کرں ج	T 13 19	197
	TALWA			Mo	NTE	171111) R05i	3 1	POAD !	Loc	knu	E M	0.2	0852	
AUG 14	1997	37. REGISTING	R'S SIGN	ATUBE	Laste.	-								



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

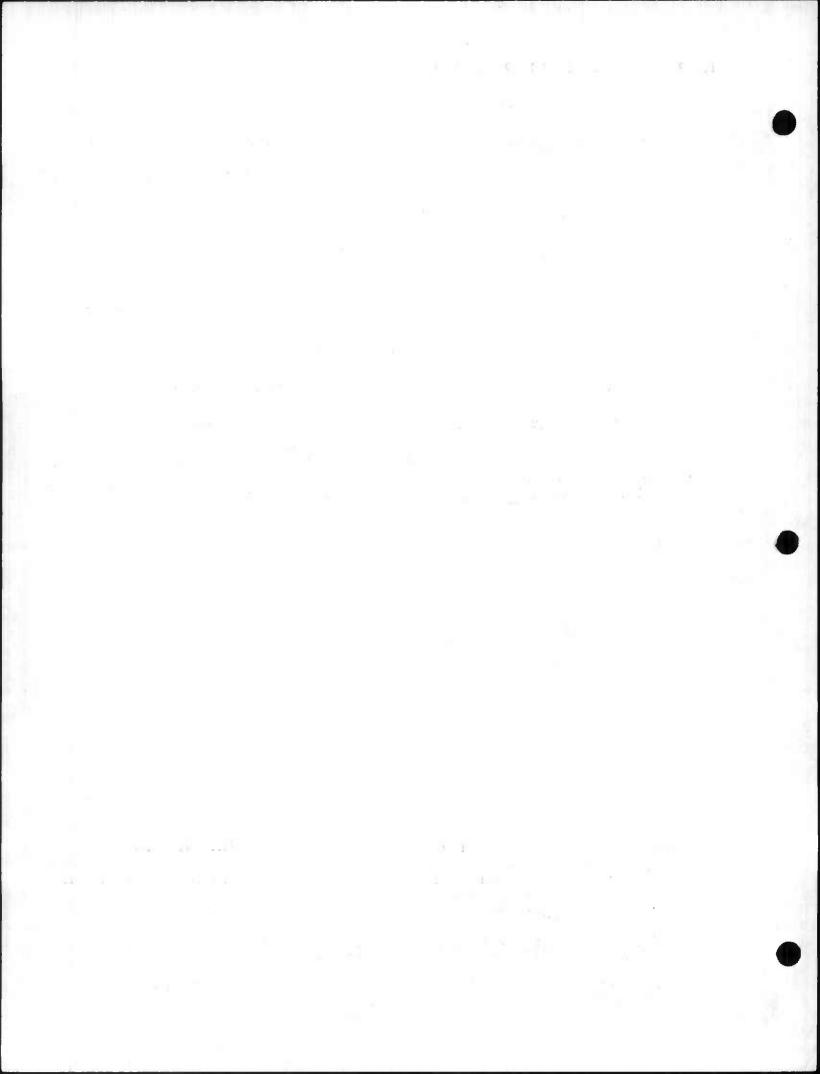


State of Maryland / Department of Health and Mental Hygiene

Ite 27,28abcdef PER MEO Film G753 11-03-97 rj@ertificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Hans W. Witschi August 10, 1997 5:42 PM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Manor Care-Chevy Chase Chevy Chase Montgomery 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) **Funeral**  Birthplace (State or Foreign Country) Months Deys 1⊠M 2□ F Director 479-12-6940 79 Yrs Mar. 18, 1918 Switzerland Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits maint be notified at Maryland Montgomery Director Chevy Chase 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ 9211 LeVelle Drive Herns 23a 20815 United States death Funerai 11, Maritel Status 12. Was Decedenf Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, d 2 should be filed within 72 hours efter of the and Mental Hygiene.
7 Is marked other than "netural", or ther traumatic event, traumatic event, traumatic event. Bieck, White, etc. 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: WW II 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 by Specify: 3 ₩ Widowed 4 Divorced White 15. Decadant's Education for only highest grade completed) Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/industry (Specify only highest grade Elementary/Secondery (0-12) Collega (1-4or 5+) Meteorologist U.S. Government 4 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If tem 27 Is marked other any Injury or other traumatic event. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Emil Witschi Martha Muhlenstein 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Christina C. Weinstein/Daughter 9211 LeVelle Drive, Chevy Chase, Maryland 20815 20b. Place of Disposition (Name of cametery, cremetory or other piece) Aug. 12, Date 1997 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/Bethesda-Chevy 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 TI Funeral Servica Licensee on M00198 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haak feilure. List only one cause on each lina. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) Intracerebral Bleeding l week Examiner Due to (or as a consequence of) Examiner Fall The law requires that the death certificate be axecuted burial-transit Sequantially ilst conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest pur Due to (or as a consequence of): P.O. Box 68760. physician Physician/Medicai the Due to (or es a consequence of): 98 attending US6 jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown been signed to should be det Chronic Alcoholism Records, by Completed 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? page 2 certificata 1 ☐ Yes 2 No 1 ☐ Yes 2 No of Vital Attending Physician: director, 25. Was case referred to medical Be 28. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this filled in by the funeral 28e. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Division 1 ANatural 5 Panding investigation Injury AM s after death.

Director: Aft 1 ☐ Yas 🎗 📈 No X2XX Xxccidant Aug. 5, 1997 ao FELL WHILE WALKING 6 ☐ Could not be detarmined 3 Suicide 28e. Pleca of injury - At home, farm, straet, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicida To the Hospital o within 24 hours aft To the Funeral DI NURSING HOME ARDENT CT. B.H. POTOMAC MARYLAND 29a. Certifier 1⊠ Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end mannar as stated.
2 ☐ Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Dey, Year) 10+ 30. Nama and address of person who completed causa of daeth (Item 23a) (Type, Print) Lila T. McConnell, M.D. 2 Wisconsin Circle, Chevy Chase, Maryland 32. Registrats Signature State

**DHMH 16 Ray 6/95** 



			State of Ma	aryland	_	rtment tificate			and M		giene Reg. No.	97	25847
-	\	1. Decedent's Neme (First, Middle, La	st)							2. Dete of De	eth	Vee	3. Time of Death
Physic /Medi		FLOYD	WINTERS							AUGUS	T 07	1997	08:26AM
Exami		4e. Fecility Neme (If not Institution, give	e street and number)				4	b. City, Tov	wn, or Lo	cation of Deeth		nty of Deeth	1
			OMMUNITY		SPITA			LANT		1	PRII		EDRGES
Funeral Director		5. Sociel Security Number 6. S 213-24-6539 3	ex 7. Age	e (In yrs. las		If Under Months	1 Yeer Days	if Under 2 Hours	24 Hrs. Min.	8. Dete of Bir (Month, De Dec • 1	2, 192	9. Birthr Penn	plece (State or Foreign ntry) Sylvania
Maryland a-f show	tor	10a. State 10b. County Maryland Prince 0	George's		Town or Loc enbelt							1	Od. Inside City Limits Yes 2 No
th with the 23a or 28	al Director	10e. Street and Number 244 Lastner Lane				10f. Zip	Code 2077	0			10g. Citizen (		
n 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show edical Expresser must be neithed at	by Funeral	11. Marital Stetus 1□ Never Merried 🏋 Married 3□ Widowed 4□ Divorced	12. Wes Decedent E Armed Forces?  ***XXY'es 2 \( \) N ff Yes, Give Yeer or Detes:  ***KOrean Wo	lo ar	lf 1	Yes, speci	No	n, Mexican, Specify:	Puerto	ecify Yes or No Rican, etc.)		lece - Americ leck, White, city: Wh	
within 72 h ane. than "netu	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondary (0-12)	lucetion	+)	16e. Deced (Give I life. D							Business/In	
T3 F2 5	Co	12		(	Consti	ructio	on S					ax, Co	ounty
0 5 0 0	To Be	17. Fether's Neme (First, Middle, Last) Floyd			inters			Zora	1	(First, Middle,		Wert	
2 4 4		19a. Informent's Neme/Reletionship (1 Adelaida G. Winte			19b. Meiling Same	as #	(Street e	and Number	r or Run	al Route Numbe	er, City or Tov	vn, Stete, Zip	Code)
Pages 1 and nent of Health ant: If item 27 ary or other t		20e. Method of Disposition  1 □ Buriel 2 ② Commetteen 3 □  4 □ Donetion 5 □ Other (Specify	Removel from State	cem	e of Dispos etery, crem ropol	etory or of	her plec	atory	8/8	Dete 3/1997	20c. Location	13.5	own, Stete Virginia
permit. Pages Department of Important: If i eny Injury or		21. Signature of Fuceral Service Licen	STAVIO	H.	Do 44	onald 100 P	V. owde	r Mil	ard 1 R		sville	e, P.A , Mary	1. vland 2070
Physician /Medical Examiner		23a. Part Tenter the disease or com- shock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in death)	. SEIZURI		SORPE	R	of dylng	g, such es d	cardiac c	or respiretory e	rest,	1	Approximete Interval Between Onset end Deeth
0 %	Iner		CEKEBR		SCULA		cers	PEUT	-				
physician and the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	U.	Due to (or e		7		0101					
	Medical	that initieted events resulting in deeth) Lest	c	Due to (or es	s e consequ	ence of):						1	
e attending ad for use as	cian												
ed by the datached	Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse							n in Pert I.			Yee 2 No		the cause of death?
s been s 2 should	Completed by										en eutopsy rmed?	ev	ere sutopsy findings eileble prior to impletion of cause deeth?
0	50									10	res 20 No	1[	Yes 2 No
this certificate	Be (	25. Wes cese referred to medicel examiner?						26. Place	of Deeth	(Check only o	ne)		
0 0	ဥ	1 Yes 2 No	Hospitei: 1 ☐ inpatier	nt 20 EF	VOutpatient	3 DO	A Othe	er: 4□ Nur	rsing Ho	me 5 Resid	tence 6 🗆	ther (Specif	(y)
After	Certification:	27. Manner of Death  1 Naturel 5 Pending 2 Accident investigation		Yeer) 28	Bb. Time of Injury	М 26	Sc. Injury Work	7		28d. Describe I	now injury occ	curred	
after in		3 Sulcide 6 Could not be 4 Homicide determined	28e. Piece of Inju building, etc.		e, ferm, stre	et, fectory,	office			28f. Location (S City or Tox		mber or Rure	el Route Number,
vithin 24 hours after the transpiration of the tran	edical	(Check only 2 Medical Exam	ysicisn: To the best of hiner: On the basis of	f my knowle exeminetion	dge, deeth and/or inv	occurred e estigation,	t the tim in my op	e, date end inion, deati	d plece, o	end due to the ed at the time,	ceuse(s) and date end plac	menner as s e, end due to	tated. o the ceuse(s)
To the To the Complex	Σ	29b. Signiature and title of cardiller	Stale	II D	ME	29c.	License	number 330	154	F	AUGU:	_	Day, Year)

State Registrar

AUG 1 4 1997

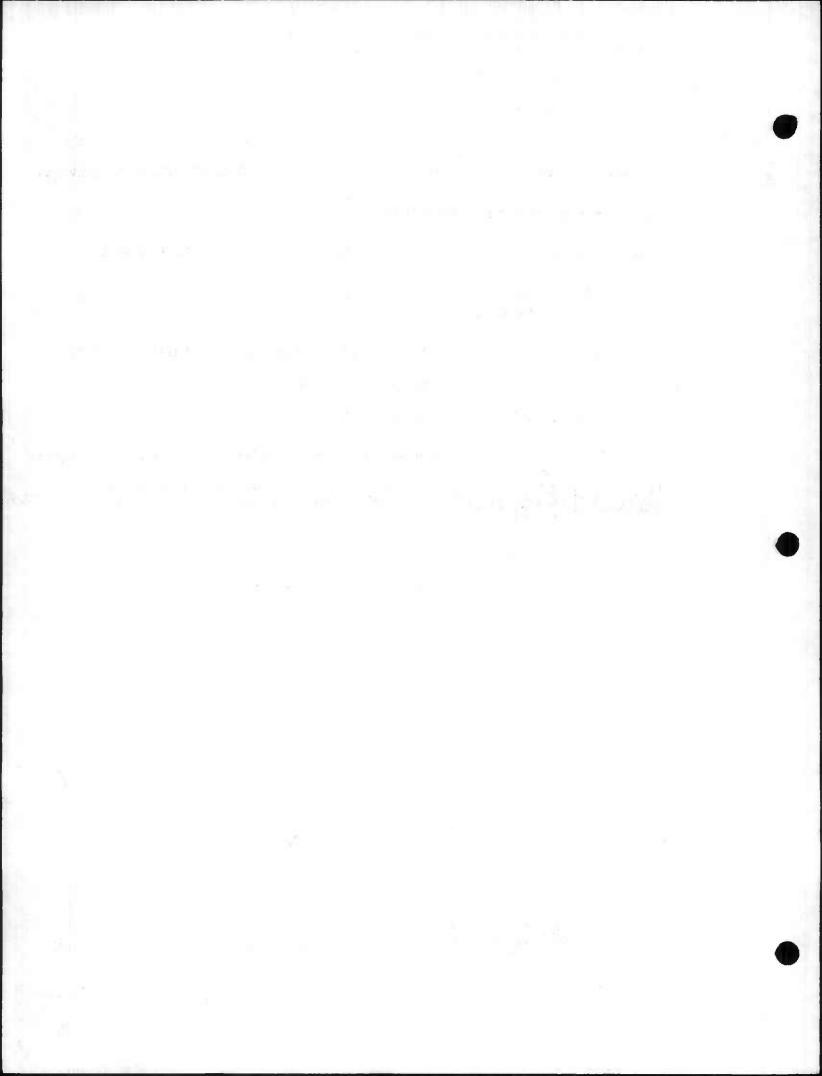
30. Name and address of person was completed ceuse of deeth (Item 23e) (Type, Print)

MARIO F. GOLW JR. M.D. 2601 HOSPVAL PRIVE CHEVERLY MD 20785

31. Dete filed (Mortin, Dey, Year)

32. Registrer's Signature

Paragraph



State of Maryland / Department of Health and Mental Hygiene 25848 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Mary Hassler Wilson August 7, 1997 11:27 am /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Rockville Nursing Home Rockville Montgomery if Under 1 Year if Under 24 Hrs.
Months Devs Hours Min. Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 6. Sex 8. Dete of Birth (Month, Day, Year) **Funeral** 1□M 2⊠F Months Director 065-30-5534 87 March 2,1910 Germany Usuei Residence of Decedent filed within 72 hours after death with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Medical Exactinet must be notified at enter 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Director Rockville Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 303 Adclare Road 20850 United States 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Š Specify: 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Public Interpreter 17. Father's Neme (First, Middle, Last) Be Francis Asbury Wilson Elizabeth Newcomb 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) David N. Cavenaugh/ Nephew 4312 Garrison Street, N.W. Washington, D.C. 20b. Plece of Disposition (Name of cametery, cremetory or other plece) August 10, 1997 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2809 21. Signature of Funeral Service Licenses M00335 23a Parti. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear in time. List only one cause on each line. Approximete intervel Between Onset end Death **Physician** /Medical immediate Cause (Finei disease or condition resulting in deeth) a. Cerebro-Vascular Accident Days Examiner Due to (or as a consequence of): Examiner A.S.C.V.D. Years The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last and Due to (or as a consequence of) physician Physician/Medical tha Due to (or es a consequence of): Part ff. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed? Completed has certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No after death.

Director: After this certifice funeral director. Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 ☑ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours a 1 Certifying Physicfan: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and manner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. Medical 29a. Certifier (Check only one) To the Within 2 To the 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) D 19785 August 7, 1997 30. Name end eddress of person who completed cause of death (item 23e) (Type, Print)

809 Veirs Mill Road Rockville, Maryland 20850

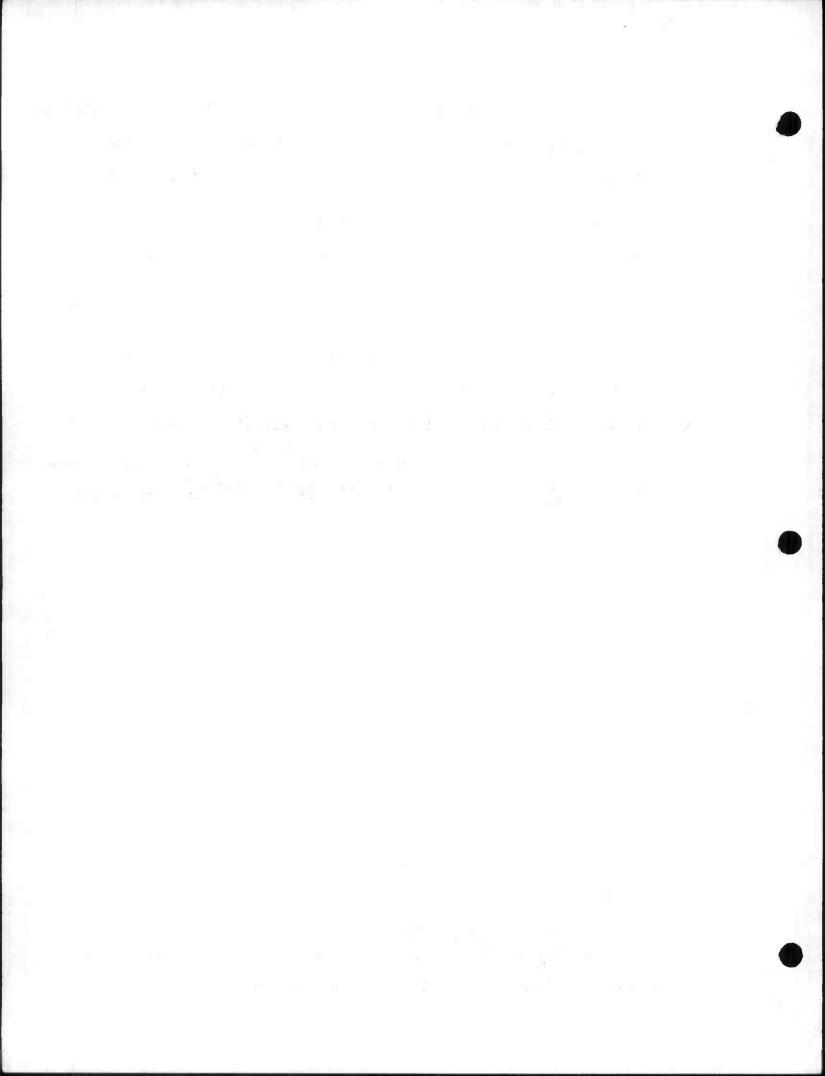
State Registrar

Frauke Westphal, M.D.

32. Registrar's Signature

wie Devidson

Division of Vital Records, P.O. Box 68760,

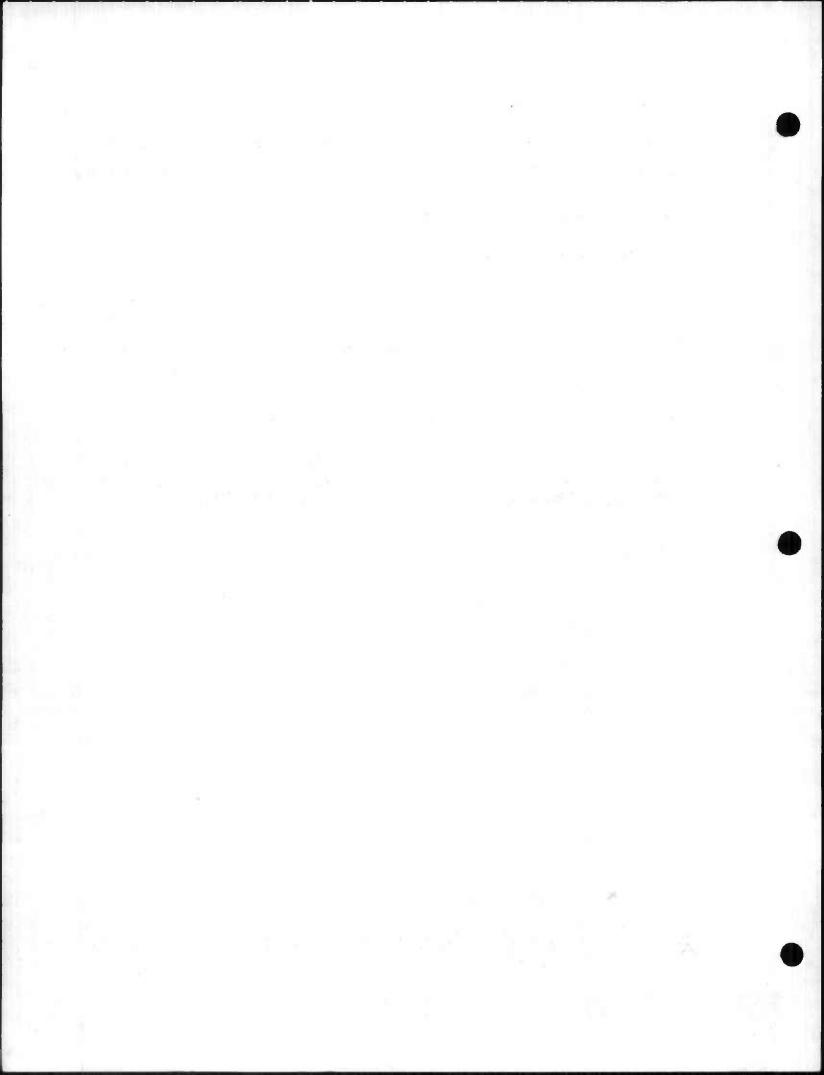


State of Maryland / Department of Health and Mental Hygiene Q 7

97 2584

Physician //Medical Examiner  4e. Fecility Neme (If not institution, give street and number)  17060 King James Way, Apt. 517  Funeral Director  5. Social Security Number 6. Sex 225-34-1315 1 M 225 F 65 Yrs.  Wonths Deys Hours Min. 8. D. D. D. D. D. D. D. D. D. D. D. D. D.	te of Birth Month, Day, Year) b. 3, 1932	3. Time of Deeth 10:00 AM nty of Deeth nt comery 9. Binhplece (Stata or Foreig Country) Virginia  10d. Inside City Limits 1 Yes 2 M No											
Medical Examiner   Au	gust 11, 10 of Deeth 4c. Cour Month Pay, Year) b. 3, 1932	997 10:00 AM  nty of Deeth  nty omery  9. Bithplece (Steta or Foreig County)  Virginia											
17060 King James Way, Apt. 517   Caithersburg   S. Social Security Number   225-34-1315   1	Motete of Birth Month, Day, Year) b. 3, 1932	9. Birthplece (Steta or Foreig Country) Virginia											
5. Social Security Number 225 - 34 - 1315 1 M 2 M 5 F 1 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M	ete of Birth flonth, Day, Year) b. 3, 1932	9. Birthplece (Steta or Foreig Country) Virginia  10d. Inside City Limits											
225-34-1315    Comparison of December   Compar	10g. Citizen o	Virginia  10d. inside City Limits											
10a. State   10b. County   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   Gaithersburg   10c. City, Town or Location   10c. City, Town or Inc. City, Town or Inc. City, Tow													
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The composition   The compos		d States											
Vermas witter  19a. Informent's Neme/Relationship (Typa, Print)  Mark A. White/Son  20b. Meiling Address (Straat and Number or Rural Round of Disposition 1	, etc.) B	tace - Americen Indien, Bleck, White, etc. Cify: White											
Vermas witter  19a. Informent's Neme/Relationship (Typa, Print)  Mark A. White/Son  20b. Meiling Address (Straat and Number or Rural Round of Disposition 1		Businass/Industry											
Vermas witter  19a. Informent's Neme/Relationship (Typa, Print)  Mark A. White/Son  20b. Meiling Address (Straat and Number or Rural Round of Disposition 1	Own H	Home											
Mark A. White/Son  20e. Method of Disposition  1		ama)											
4 Donetion 5 Other (Specify)  Parklawn Memorial Park  22. Name end Address of Facility Robert A. Pumphrey Fund 300 West Montgomery Av Rockville, Maryland  Physician Medical  Immediate Ceuse (Finel disease or condition  Coronary Artery Disease		vn, Steta, Zip Code) 3669											
M00198 300 West Montgomery Avantage of Montgo	97												
Physician    Part   Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or responsible.    Physician   Physician   Coronary Artery Disease   Coronary Artery Disease   Coronary Artery Disease   Coronary Dis	cemetery. cremetory or other placeAug. 15, 1997  4 Donetion 5 Other (Specify)  Parklawn Memorial Park  21. Signature of Funeral Service Licensee  22. Name and Address of Facility Robert A. Pumphrey Funeral Home/Rockville, I												
in additional to the second of	oliretory errest,	Approximete Interval Between Onset and Deeth											
Due to (or as a consequanca of):													
Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Couse (Disease or Injury that initiated evants resulting in deeth) Last  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):													
Ceuse (Disease or Injury that indicated evants resulting in deeth) Last  Due to (or es e consequence of):													
The state of the s	3h Did tobacco use o	contribute to the causs of seath											
Hypertension	1 Yss 2 No												
Chronic Obstructive Pulmonary Disease	4e. Wes en eutopsy performed?	24b. Were eutopsy findings evaileble prior to completion of cause of deeth?											
	1□ Yes SolNo	4											
Solution of the second of the													
	Residence 6 🗆 O	Other (Specify)											
1   Inpatient   2   ER/Outpetient   3   DOA   4   Nursing Home   5    1   Inpatient   2   ER/Outpetient   3   DOA   4   Nursing Home   5    27. Nanner of Death   28a. Date of Injury   28b. Tima of Injury   Work?   2   Accident   Investigation   1   Yes   2   No   1   Yes   2   No	escribe how injury occu												
28a. Date of Injury  28b. Tima of Injury at Work?  1 Neturei 2 Accident Investigation  3 Suicida 4 Homicida  28a. Date of Injury  (Month, Dey Year)  28b. Tima of Injury  M 1 Yes 2 No  28c. Injury at Work?  1 Yes 2 No  28b. Dece of Injury - At home, farm, street, factory, office  28b. Dece of Injury  28c. Date of Injury  28c. Injury at Work?  1 Yes 2 No  28c. Date of Injury  28c. Date	3 Suicida 4 Homicida  28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)  28f. Location (Street and Nu City or Town, Stete)												
28a. Date of Injury (Month, Dey Year)  28b. Tima of Injury at Work? 1 Neturei 2 Accident 3 Suicida 4 Homicida  28c. Injury at Work? 1 Neturei 2 Accident 3 Suicida 4 Homicida  28c. Plece of Injury At home, farm, street, factory, office 28f. Loc Circles of Injury At home, farm, street, factory, office 28f. Loc Circles of Injury At home, farm, street, factory, office 28f. Loc Circles of Injury At home, farm, street, factory, office 28f. Loc Circles of Injury At home, farm, street, factory, office 28c. Injury at Work? 1 Neturei 2 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 3 Neturei 4 Neturei 5 Netu	a to the ceusa(s) and n he tima, data end plece	manner as stated. e, end dua to the ceuse(s)											
296. Signature and filled certifies	29d. Date sign	ned (Month, Dey, Year)											
30. Nema end address-of person who complated cause of death (Item 23a) (Type, Print)	0/15	7/											

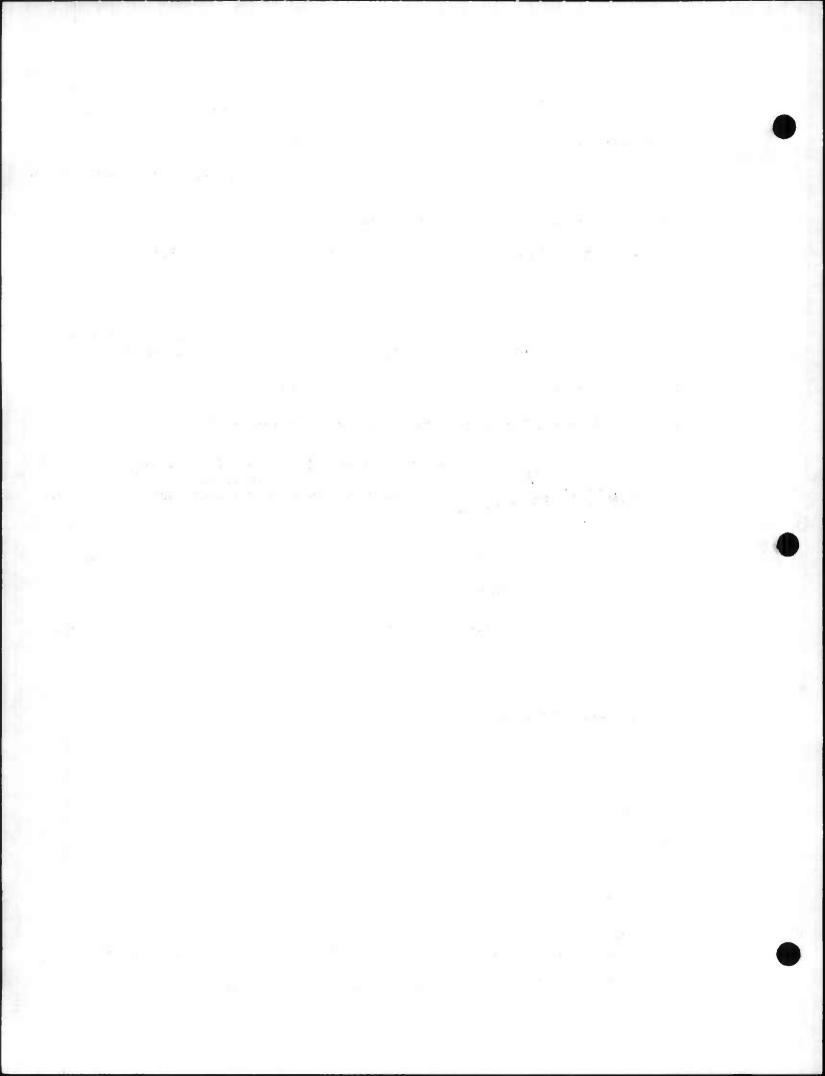
State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		-						Death	ivientai ny	Reg. No.	97	25850
Physicia	an	Decedent's Neme (First, Middle     Adele	P.		Welch				2. Date of Do Month	Day	Yeer	3. Time of Death
/Medic		4e. Fecility Neme (If not institution		orl	WEICH			4b. City, Town, or	August			2:00 A.M.
Examin	er	Manor Care Beth		61)				Bethesda	Location of Dee		y of Death	
Funeral		5. Social Security Number		Age (In yrs	. lest birthdey)		er 1 Year	if Under 24 Hr	s. 8. Dete of Bi	Montgo	-	lece (Stete or Forein
Director		579-60-6832 Usuel Residence of Decedent	1□M 2XF	94	Yrs.	Month	Deys	Hours Mir	March	ey, Year) 8, 1903	Wash	plece (State or Foreign try) ington, Do
ene. than "natural", or items 23s or 28s-f show ha Medical Examiner must be notified at	_	10a. State 10b. County			ity, Town or Lo						1	0d. inside City Limit
Page 1	ecto	MD Montg	omery	(	Chevy C	-						1 X Yes 2 □ No
23a or 2	Funeral Director	8700 Jones Mil	1 Road				ip Code 2081:	5		10g. Citizen of U.S.A.	Whet Cour	itry?
r than "natural", or items 23a or 28a-f show the Medical Examiner must be notitled at	by	11. Maritel Stetus  1 ☐ Never Merried 2 ☐ Marr 3 ☒ Widowed 4 ☐ Divorced	12. Wes Decede Armed Force 1  Yes 2 if Yes, Give Yeer or Dete	s? X No	1		edent of Fecify Cub	lispenic Origin? ( en, Mexican, Pue Specify:	Specify Yes or Norto Ricen, etc.)	o- 14. Re- Ble Specil	ce - Americ ck, White, by: White	etc.
r than "netu the Medical	Completed	15. Decedent (Specify only highes Elementery/Secondary (0-12)	's Education it grade completed)  College (1-40	or 5+)	16e. Deced (Give life. L Teache	kind of w	uel Occup rork done use retire	during most of we	orking	D.C. Pu	ublic	Schools
marked other than imatic event, tra M	Be	17. Fether's Neme (First, Middle,	·						ame (First, Middle	, Meiden Sumer	ne)	
tem 27 is marked other than other traumatic event, trail	2	T. Malcolm Price  19e. informent's Neme/Relationsl			10h Mailin	D. Addro	no /Ctrant	Adele Spend Number or F		02 T	04-4- 7:-	0-4-1
10 10		William J. Lesco		ısin				Rd. Beth			, 31 <del>0</del> 10, 210	Code)
Item 27 other tr		20a. Method of Disposition		20b.	Place of Dispos cometery, crem				Date Date	20c. Location	- City or To	wn, Stete
important: If its any injury or of once.		1 X Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (St		10	rlingto				8/14/97	Darling	ton	Maryland
important: if item 27 any injury or other tr once.		21. Signature of Funerei Service	-		22	. Name	end Addre	ss of Fecility Jorenue, N	oseph Ga	wler's	Sons	Inc.
/sician ledical		23a. Pent Finter the disease or shoot for heart feiture. List			th, Do not ente	er the mo	ode of dyir	g, such es cerdia	c or respiretory	errest,		Approximete Intervel Between Onset end Death
aminer		diseese or condition resulting in death)	e. Con	-								Acute
	ner		Ure	emia	or es e conseq	uence o	):					Acuto
physician and s the bunal-transit	Examiner	Sequentially list conditions,	<b>6</b>		or es e conseq	uence of	):				1	Acute
urial-	ŭ.	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury	. Re	nal T	nsuffic	ieno	v				i	l month
TD 65	vMedical	thet Inflieted events resulting in deeth) Lest	d		or es e consequ							I MOIIEII
d for use	iciai	Pert il. Other aignificent conditio	ne contributing to death	hut not rea	sulting in the ur	derfying	COULCE GA	on in Port I	23h D(d	tohacoo uaa oo	ntribute to	the cause of death
90	y Physician/M	Urinary Tract I		) but not rec	sulling in the di	luenying	ceuse giv	on arrests.				pebfy 4 ☐ Unknow
s been sign 2 should be	Completed by	Old CVA							24e. Wes	en eutopsy ormed?	eve	ere eutopsy findings eileble prior to mpletion of ceuse deeth?
ate has	Com								10	Yes 2 No	10	Yes 2□No
£ 6	Be (	25. Was cese referred to medical exeminer?						26. Plece of De	eth (Check only	one)		
his	2	1 ☐ Yes 2 Z No			ER/Outpetien	3 🗆 🛭	411	4ME Nursing	Home 5□ Res	idence 8 DOth	ner (Specif)	1)
r: After e funera	ation:	27. Menner of Deeth 1,⊠Naturei 5 □ Pending 2 □ Accident investig		njury De <i>y Year)</i>	28b. Time of injury	м	28c. injur Wor 1 □	yet k? Yes 2 □ No	28d. Describe	how Injury occur	red	
al Director; Al	Certification:									Street and Numi wn, Stete)	ber or Rure	I Route Number,
Funer tely fill	edicai									ceuse(s) and modete end place,	enner es st end due to	eted. the ceuse(s)
To the comple	Me	29b. Signeture end title of certifier	)			2	c. Licens	e number		29d. Dete signe	d (Month,	Dey, Yeer)
>		trank	1 TELA				D	- 18	74	August 9	, 199	7
		30. Neme end eddress of person	vho completed cause o	f deeth (iter	m 23e) (Type, F	Print)						
		Frank J. Fedor,	M.D. 4201	Cath		Aven	ue. N	N.W. Was	hington	D C 2	0016	

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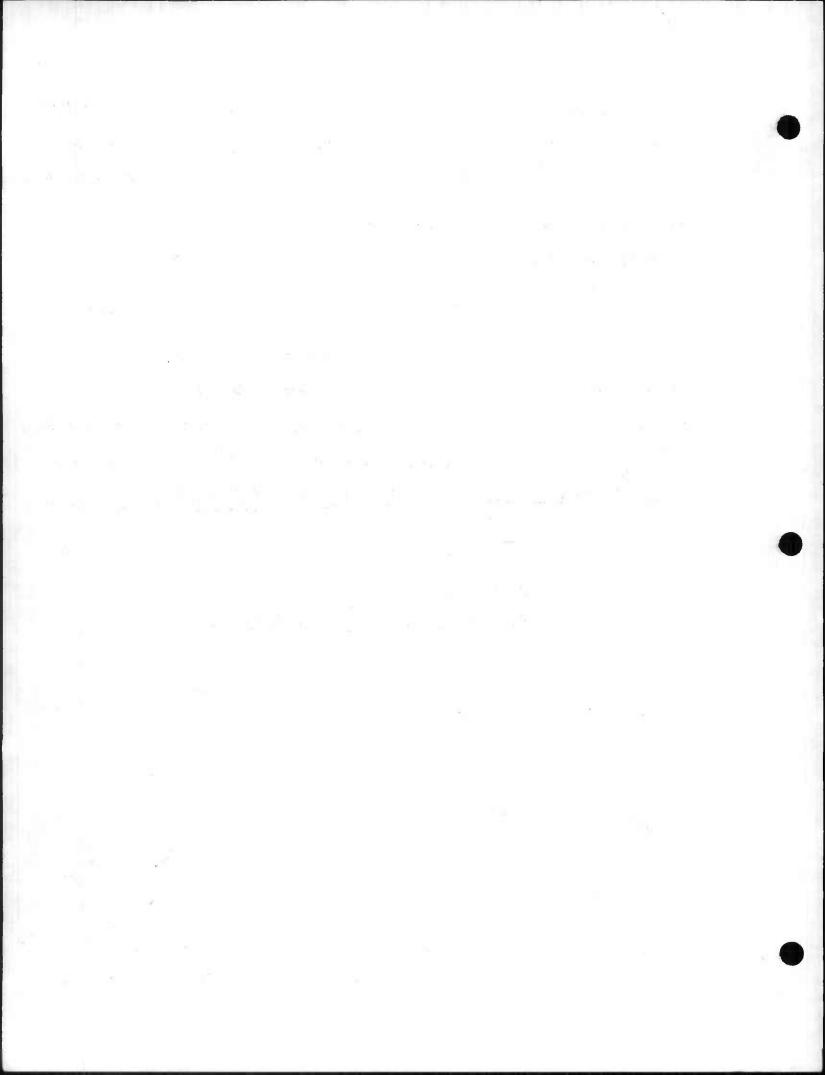


State of Maryland / Department of Health and Mental Hygiene 97

97 2585

							Cer	tificate c	f Deat	h		Reg. No.		20001				
П	Discontinu		Decedent's Name (First, Middla)	, Last)							2. Date of Da Month	ath	Voor	3. Tima of Death				
ı	Physic /Medi		Warren C. Web	b, Sr.							AUG	6 19	747	4:30 PM				
	Exami		4a. Facility Name (If not Institution,	give straet and nu	ımbar)				4b. City,	Town, or L	ocation of Death	4c. County	of Death					
			Holy Cross Hosp	ital					Silve	er Spi	ring	N	ionte	omerv				
Г	Funerai		5. Social Security Number	6. Sex 1⊠ M 2□ F	7. Age (In )			If Undar 1 Ye Months Da	ar If Und	ler 24 Hrs.	8. Date of Birt (Month, Da	h v. Year)	9. Birth	Omery placa (State or Foreign ntry)				
	Director		577-28-7571 Usual Residence of Decadent	TOWN ZOF	75		Yrs.				Aug. 28,			ington, D.C.				
	ylenc		10a. Steta 10b. Counfy		10c.	City, Tow	n or Lo	cation						10d. Inside City Limits				
	be filed within 72 hours after death with the Maryland ntal Hyglena. Id other than "natural", or items 23a or 28a-f show event, the Medical Exerciter must be notified at	Director	Maryland Montg	omery		Sil	ver	Spring						1 ☐ Yes 2 ☑ No				
	vith to		10e. Street and Numbar					10f. Zip Cod	в			10g. Citizen of \	What Cou	ntry?				
	s 23	Funeral	14103 Fall Acre				1.0.11		906	011010	W 12 A	U.S.A						
	items items	Ë	11. Marital Status  1 ☐ Never Married 2 ☑ Marrie	12. Was Dec	orces?	10,5.	13. V	Yes, specify C	uban, Mexic	cen, Puarto	ecify Yes or No Rican, etc.)		ck, White,	cen Indian, atc.				
20	rs af	by F	3 Widowed 4 Divorced	ed 1 XYes If Yes, Gi Year or D	ve	II	1	☐Yes 2011	lo Speci	ity:		Specify						
21215-0020	72 hours after natural', or its o'cal Exemina		15. Decedent's				Deced	lent's Usual Oc	cupation			16b. Kind of B		ite				
215	within 72 ena. than "na	Completed	(Specify only highest Elamantary/Secondary (0-12)	grade complated)			(Give I	kind of work do OO NOT usa rai	ne during m	ost of work	ding			,				
21	d with	E O	12	College (	1-40r 5+)	Sa	lesn	nan – Er	ngrave	er		Trophie	s					
pu	tal Hygid d other event, t	Be	17. Father's Name (First, Middle, L	ast)					18. Mo	ther's Nam	e (First, Middle,	Maiden Surnan	ne)					
Maryland	should be filed within and Mental Hygiena. I markad other than umatic event, the Mental control of the Mental	To	George Webb						Ar	nnie	Conner	c						
ar	2 sho and is me		19a. Informant's Name/Relationsh	ip (Type, Print)		19b	. Mailin	g Addrass (Str	et and Nun	nber or Rui	ral Routa Numbe	outa Number, City or Town, State, Zip Code						
	ゆかとき		Mary A. Webb					Fall A		Court	Silve	Spring	,Mar	yland 20906				
ore	of H of H		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cramation	3 Demoval from		cemeta	f Dispos ry, crem	sition (Name of natory or other p	olace)	1	Date	20c. Location -	City or T	own, State				
Ë	Pag ment ant: I		4 Donation 5 Other (Sp.			ryla	nd V	/eteran	s Ceme	etery	8/12/97	Crownsvi	11e,	Maryland				
Baltimore,	permit. Pages 1 en Department of Heal Important: If Item 2 any Injury or other once.		21. Signature of Funeral Service Licenses  22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc.															
	70E 9 9		Kobert El	Cams	Ly		500	Unive	. COI.	Rlud	runeral	Home, I	nc.	MD 20001				
			23a. Part1. Enter the diseasa, or of shock, or heart failure. List of	complications that only one cause on e	cauded the d	aath. Do	not ente	er the mode of	dying, such	as cardiac	or respiratory a	rrest,	Ting,	Approximate Interval Batween				
ı	Physician	23a. Part1. Enter the diseasa, or complications that cannot be death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on education.																
	/Medicai Examiner		Immediata Cause (Final disaase or condition resulting in death) a.															
	LXUIIIIICI	_	resulting in death)	.1	Due to	o (or as a	conseq	uance of):						6100				
_	ed sit	Jine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying															
	eath certificate be axecuted attending physician end for use as the bunal-transit	xar																
68760,	be a lician buna																	
587	icate phys	edicai	that Initiated events resulting in death) Last		Dua to	(or as a c	consequ	uence of):										
XO	ding ding ise a	Σ		d														
$\mathbf{\Omega}$	atter for (	ciar	Death Others I Was a will be															
o.	that the death cened by the attendial detached for use	Physician/	Part II. Other significant condition	s contributing to d	eath but not	resulting is	n the un	idariying causa	given in Pa	rt I.				o the cause of death?				
٣.	es that igned b	by P	Daletes	the	llex	ws					10	Yes 2□ No	3 Pro	bably 4 thknown				
Records,	v requires that the death been signed by the atter should be detached for a	8										an autopsy	24b. W	ere eutopsy findings				
00	- LJ 07	Completed								_	perto	rmed?	CC	vailable prior to empletion of causa daath?				
	0 - 5	E O									101	res 2 Ho		Yes 2NNO				
Vital	lcian: The certificata rector, pag	60	25. Was case refarrad to medical						26 Pis	ace of Deat	th (Check only o			L 100 2L5110				
	P	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	Inpatient 2	ER/Ou	Itpatient	t 3□ DOA	Other		ome 5 Resid		er (Speci	fv)				
0	r Attending Phy er death. rector: Aftar this by the funeral of		27. Mannar of Death	28a. Date	of Injury th, Day Year		Tima of	28c. Ir				now injury occur		<i>,</i>				
Ö	Attending or death.	atic	1 ☐ Matural 5 ☐ Pending investigation	ition	in, bay roan	'	injury		Yes 2	□No								
Division of	or Attendation of Director:	Certification:	3 ☐ Suiclda 6 ☐ Could no 4 ☐ Homicide datarmin	280. Place	of Injury - Aing, etc. (Spe	t home, fa	rm, stre	et, factory, offic	СӨ		28f. Location (S City or Tox	Street and Numb vn, State)	er or Run	al Route Number,				
_	pris gones g	- 1	29a. Cartifier 1D Certifying	Dhusistee Teste	host of mul													
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai		Physician: To tha xaminer: On tha b and man	asis of exam nar stated.	ination an	d/or inv	astigation, in m	y opinion, d	and place, leath occur	red at the time,	data and place,	and dua t	o tha causa(s)				
	To the To the Comp	ž	29b. Signatura and title of certifiar					29c. Lice	ense numbe	er		29d. Date signe	d (Month,	Day, Year)				
	6+1		4		0	50	_	1	410	73/		AV9	8	1997				
	<b>W</b> .		30. Nama and addrass of person w	ho complated caus	sa of daath (I	tem 23 <u>a)</u> (	(Type, F	Print)	00	0 !	16 -1		1					
			12 Shumache	-MD	2300	7 5	ho	efield	f /ld	u	Theate	nous	> 5	0902				
		1000	31 Date filed /Month DMA 100-11	O 4000000000000000000000000000000000000	ministrate Co	Almar 1	. 4	0.00										

Hegistrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Daeth **Physician** Month Year S. Florence Watts August 9, 1997 5:30 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery If Under 1 Yeer Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Days Hours 1 □ M 2 🖸 F 93 Yrs. Director 577-42-9870 Sept. 9,1903 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yes 2 No Director Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9005 Colesville Road 20910 Funeral U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 11. Maritei Status Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Black, White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2 No Specify: þ Specify: 3 ☑ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be George Lowther Lusby Elizabeth Estelle Windham 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Rita W. Zehner 9343 Dubarry Avenue Lanham, Maryland 20706-3118 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Crametion 3 ☐ Removel from State permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) St. John's Cemetery 8/13/97 Forest Glen, Maryland 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 23a. Pert. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximata

Approximata Approximata Intervel Between Onsat and Deeth **Physician** /Medical Immediete Ceuse (Finel disaasa or condition resulting in death) e Coronary Artery Disease: Anginapectoris S/P Acute April 1997 **Examiner** Due to (or es e consequence of): Examiner b. Myocardial Infarction Hypertension Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that hitteled events resulting in deeth) Last Due to (or es e consequence of): Atherosclerotic Cardiovascular Disease 1980 Physician/Medicai Due to (or as a consequence of) d. Congestive Heart Failure 1997 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Diabetes Mellitus Non-Insulin Dependent by 24b. Wara autopsy findings aveileble prior to completion of causa of death? Completed 24a. Was en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Tyes 2K No 1 ☑ Inpatiant 2 ☐ ER/Outpetiant 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 ☐ Sulcide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner es steted.

| Medical Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner stated. 29e. Certifier cai (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) M M

To the Hospital or Attendir

within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 12

the Maryland

death with

filed within 72 hours after

21215-0020

Baltimore, Maryland

ral', or itama 23a or 28a-f show Examiner inset to notified at

natural', or

and Mental Hygiene.

Is marked other than "natural"

.. Peges 1 and 2 should be fill timent of Health and Mental Hy tant: If item 27 is marked oth jury or other traumatic aven

siclan end burial-transit

the

ed by the a

signed t

page 2 should

director,

certificate

this funeral

Affer

death.

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital or Attending Physician:

> State Registrar

31. Date filed (Month

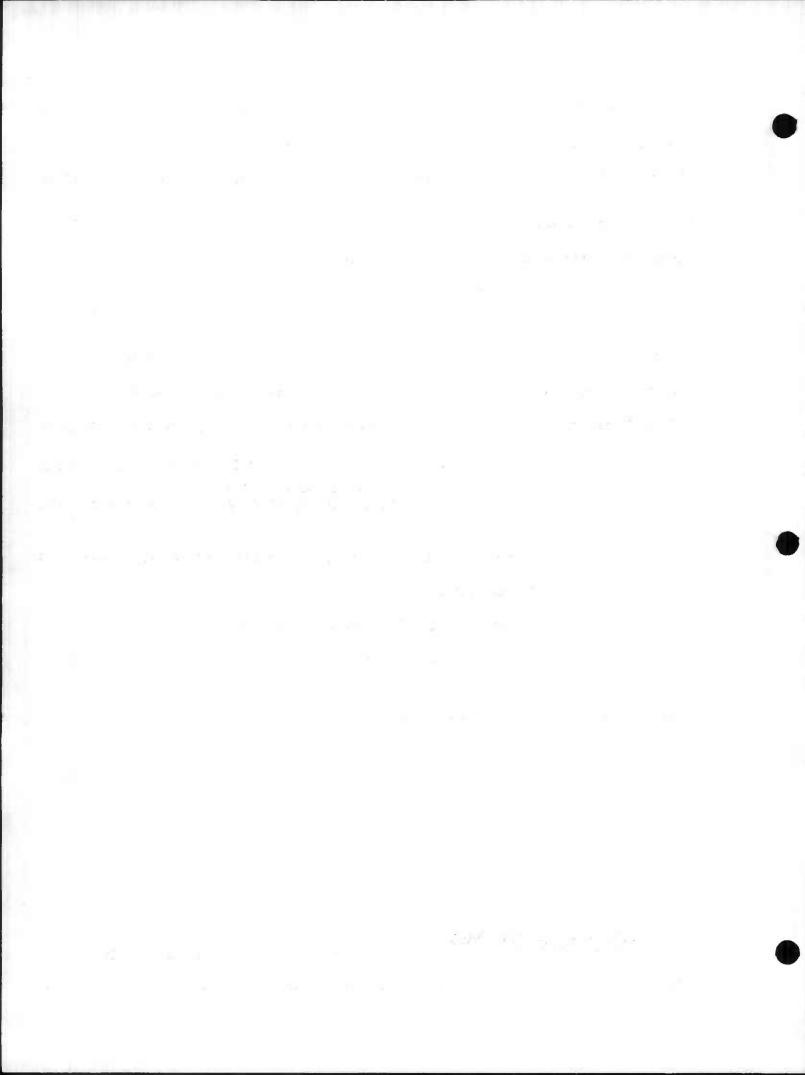
Patrick

30. Name end eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

George B. Patrick, III, M.D. 9221 Colesville Road Silver Spring, Maryland 20910 32. Regionar's Signature

August 10, 1997

D 17729



State of Maryland / Department of Health and Mental Hygiene 25853 Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth **Physician** Month Marna Wattenberg August 11, 1997 10:30 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Deeth **Examiner** 10413 Rutland Place Prince George's Adelphi 5. Social Security Number If Under 1 Year if Under 24 Hrs. 9. Birthplece (State or Foreign Country) New York 7. Age (In yrs. lest birthday) **Funeral** 1 □ M 2 1 F Deys Hours Yrs Director 63 099-26-5233 6, Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Medical Examiner must be notified at 10d. inside City Limits 1 ☐ Yes 2 No Director Maryland Prince George's Adelphi 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 20783 10413 Rutland Place United States Funeral Pages 1 and 2 should be filed within 72 hours efter death 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 Ø No
If Yes, Give
Yeer or Detes: 14. Rece - American Indien, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Seattimore, Maryland 21215-0020 1□ Yes 2 No þ 3 Widowed 4 Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry is marked other than Elementery/Secondery (0-12) College (1-4or 5+) Secretary Union 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 20 William Hade Cecilia Brooks 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s
Department of Health er
important: if Item 27 is
any injury or other trau 20904 12015 Crimson Lane, Silver Spring, Maryland <u>Sarah A. Wattenberg</u> Daughter 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 🕅 Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 8-12-97 Beltsville, Maryland Chesapeake Crematory 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Rapp Funeral Services, P.A. 23e. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Fine) Adenocarcinoma Unknown Primary diseese or condition resulting in death) Examiner Due to (or es e consequence of): Physician/Medical Examiner 6 weeks Probable Lung Cancer buriel-transit The law requires that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es e consequence of) physician s the buriel Box 68760. thet initieted events resulting in deeth) Lest Due to (or es e consequence of): 98 for use signed by the a d be detached f Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobacco usa contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? page 2 2X No 1 ☐ Yes 1 ☐ Yes 2 X No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Nesidenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 5 Pending investigation After 1 X Neturel s effer de... al Director: Affe 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours 29a. Certifier 🕍 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner es steted. Medical To the Hosp within 24 ho To the Fune completely fi (Check only 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and pleca, end due to the cause(s) end manner stated. 29d. Dete signed (Month, Dey, Yeer) 08.12.97 10 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) 9707 Medical Center Drive, Ste. 300 Carolyn B. Hendricks, M.D. Rockville, Maryland 20850 Shady Grove Medical Building 32. Registrati's Gignature State

**DHMH 16 Rav 6/95** 

State of Maryland / Department of Health and Mental Hygiene

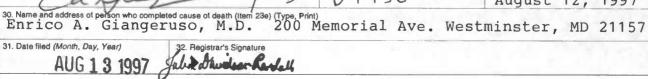
August 12, 1997

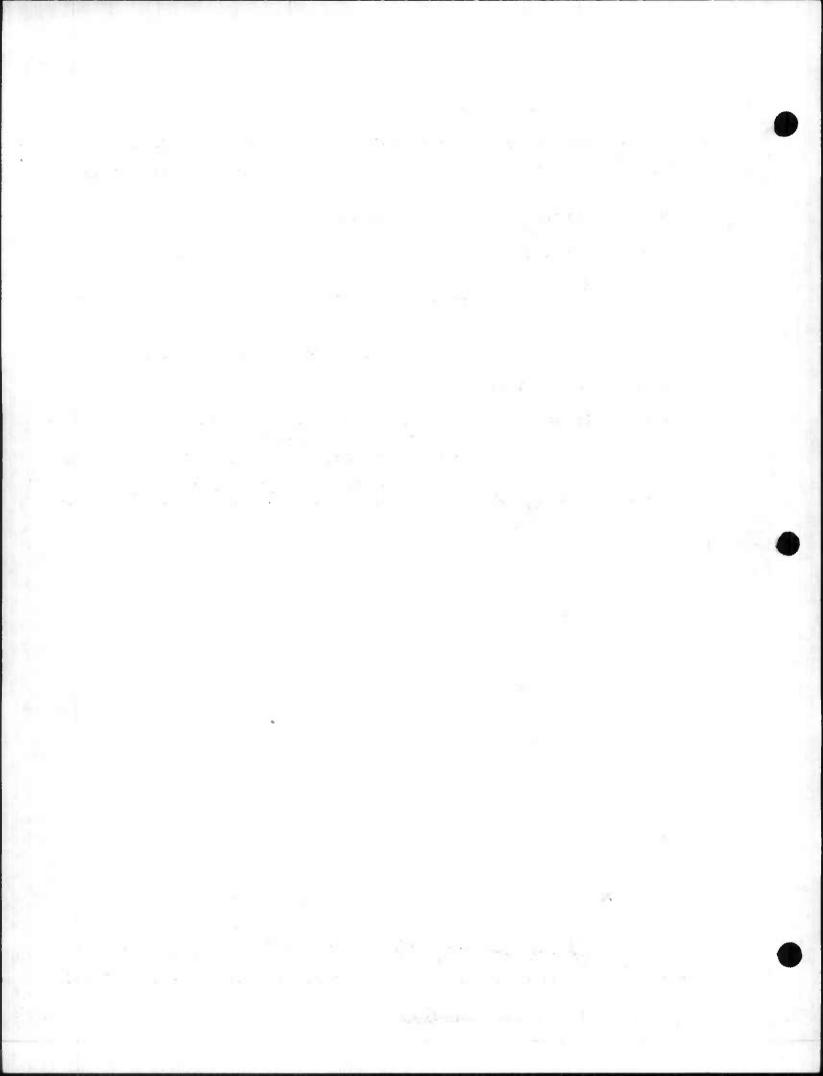
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							Ce	rillicati	e oi	Death		Reg. No.		.000.
п			Decedent's Name (First, Mice	dle, Last	)						2. Date of De			Time of Death
	Physic		Richard	Halo	combe	1111/3	on				Month 08	Dey 1Z	Yeer 97	0115
	/Medi Examl		4a. Facility Name (If not institut				,			4b. City, Town, or L			11	
4	LAGIIII	161	Carroll Co				losni t	a 1		Westmin			roll	
1	Funeral	г	5. Social Security Number	6. Se:			last birthday)		1 Year					(State or Foreign
ł	Director		300-01-0476 Usuel Residence of Decedent	12	M 2□ F		80 Yrs.	Months	Deys		8. Date of Bir (Month, Di May 2	5 1917	Country) Ohio	(Stete or Foreig
	and w		10a. State 10b. Coun	ty		10c. C	ity, Town or Lo	cation					104 1	nside City Limits
	/anyl	5	MD Car	rol	1		Westm		er					Yes 2 No
	the h	ect	10e. Street and Number									40 000		
	th with 23a or	al Dir	2040 Coon C	lub	Road			10f. Zip	115	57		10g. Citizen of United		es
020	within 72 hours after death with the Maryland ene. than "natural", or Itams 23a or 28a-f show ra Medical Evantiner must be notified at	by Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Mi 3 □ Widowed 4 □ Divorce	rried	12. Was Deceder Armed Force 1 X Yes 2 If If Yes, Give Year or Date:	s? ] No 		Was Deced f Yes, spec I ☐ Yes 2		Hispanic Origin? (Sp ben, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Ra Ble Specia	ce - American Ir ck, White, etc. by: Whit	
5-0	72 hours "natural",	ted	15. Decede (Specify only high	ent's Edu	cation		16a. Dece	lent's Usue	Occu	ipation	in a	16b. Kind of B	usiness/Industr	y
Maryland 21215-0020	be filed within 72 ho ttal Hygiene. Id other than "natur event, tre Med cel	Completed	Elementary/Secondary (0-12)		College (1-4o	r 5+)	life. i	OO NOT us	e retire	during most of work of Food Se.		Hosp	ital	
P	hould be filed with d Mental Hygiene. marked other ther matic event, tr		17. Father's Name (First, Middle		•		51100	001		18. Mother's Nam				
lan	d be ed o	To Be	James Clare	nce	Wilson	ı					e Holo		,	
fary	pemit. Pages 1 en Deperment of Heel Important: If item 2 any injury or other	F	19a. Informant's Name/Reletion							at and Number or Ru	al Route Numb	er, City or Town		
			Myra L. Wil	son	, wire					Club Ro		stmins	ter, M	ID 2115
nore			20a. Method of Disposition  1 ☐ Burial 2 ☑ Cremetion  4 ☐ Donation 5 ☐ Other (		lemovel from Stat					8/13/9° ions, I			tead,	
			21. Signeture of Funeral Service		90					ess of Fecility		Trampo	ocua,	21157
Ba			an organization of the organization of the	u Liveriot	,		22	Prit	ts	Funeral	Home	& Chap	el	2115
			23a. Part1. Enter the disease, shock, or heart failure. Li- immediate Cause (Finel disease or condition resulting in death)	st only or		n au	ceus s	epsi					Inte Ons	roximete rvel Between set end Death
-	be sit	iner					N1001175							
ó	certificata be axecuted nding physician and use es the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events			Due to (d	or as a conseq	uence of):						
68760,	nta be nysici	n/Medicai	that initiated events resulting in death) Last	S °		Due to (c	or as a conseq	uenca of):						
39	ng ph	Med	resulting in death) Last	L.										
XOX	endii r use	an		0					-				1.	
B.	death	sici	Part II. Other eignificant condit	lons con	tributing to death	but not res	ulting In the ur	idertving ca	use oi	ven in Part t.	23b. Did	tobacco use co	ntribute to the	cause of death
P.0	thet tha death led by the atte deteched for	/ Physician	Atherosclero	tic	corona	ary a	artery	dis	eas	se		Yes 2 No		
Records,	iaw requiras thet tha death iss been signed by the atter 2 should be deteched for i	Completed by	status pos	t C	ABG						24e. Was	an autopsy med?	availabl	utopsy findings e prior to tion of cause
æ	0 - 5	Eo									1 🔯	Yes 2□No	125 Yes	2 No
Vital		0	25. Was case referred to medic	al	-					26. Plece of Deat				
>	8 00	OB	examiner? 1 ☐ Yes 2 X No	Н	lospital:	ient 2	ER/Outpatien	3 DO	Ot	her		dence 6 □Oth	or (Specify)	
Jo L	F F E	i i	27. Menner of Deeth		28e. Dete of In	ury	28b. Time of		c. Inju			how Injury occur		
Ö	Attanding Fird deeth. sector: After by the funer	atio	1 Natural 5 Pend 2 Accident Inves	ing tigation	(Month, D	ay rear)	Injury	M		Yes 2 No				
Division		Certification:	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homicide deter	not be mined	28e. Placa of le building, e	njury - At h	ome, farm, stre	et, factory,	office		28f. Location ( City or Tox	Street and Numi wn, State)	per or Rural Rou	te Number,
	o the Hospital or ithin 24 hours efte o the Funeral Dir ompletely filled in	edicai C	29a. Certifier 1 Certifyt (Check only one) 2 Medica	ng Phys I Examin	ician: To the bes er: On the basis and manner s	of examina	wiedge, death tion and/or inv	occurred a estigetion,	t the ti	me, date end placa, oplnion, death occurr	and due to the ed at the time,	cause(s) end m date and place,	anner as stated. and due to the	cause(s)
	ro the within 2 To the comple	Me	29b. Signeture and title of certifi	er	and mainleft	.a.eu.		29c.	Licen	se number		29d. Date signe	d (Month, Dev.	Year)
	Pr 5 Pr ()													

State Registrar 31. Date filed (Month, Day, Year)

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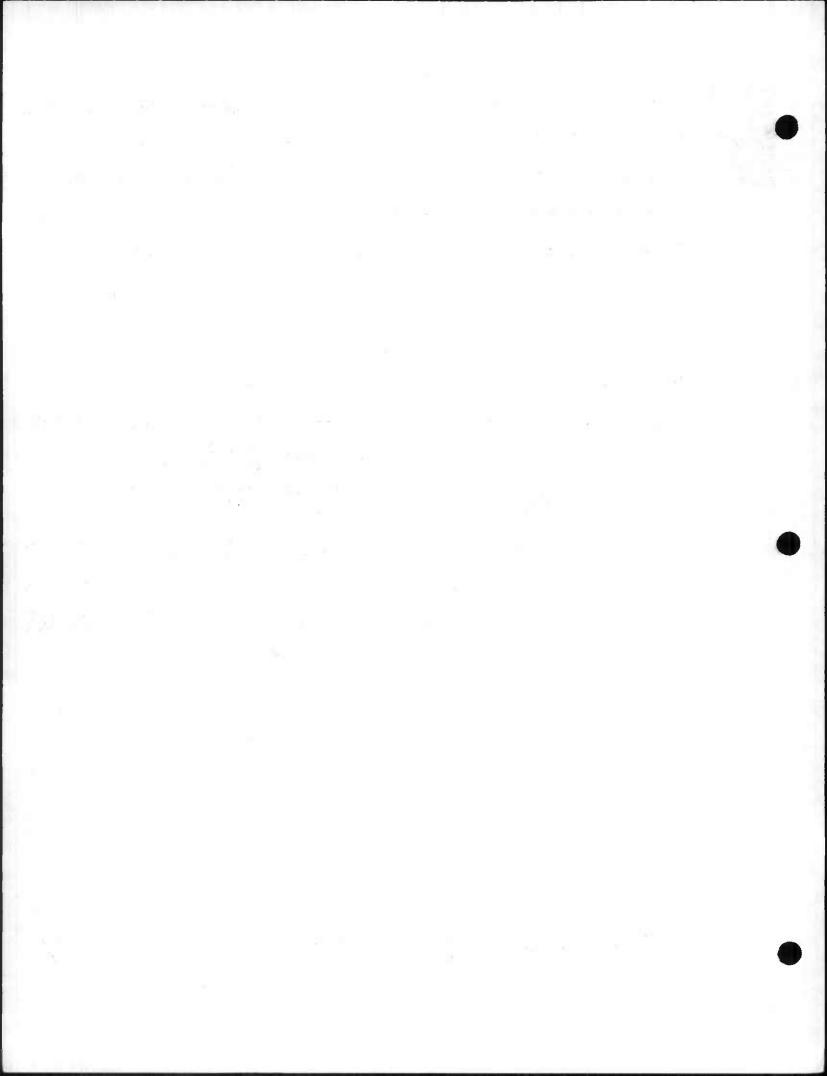




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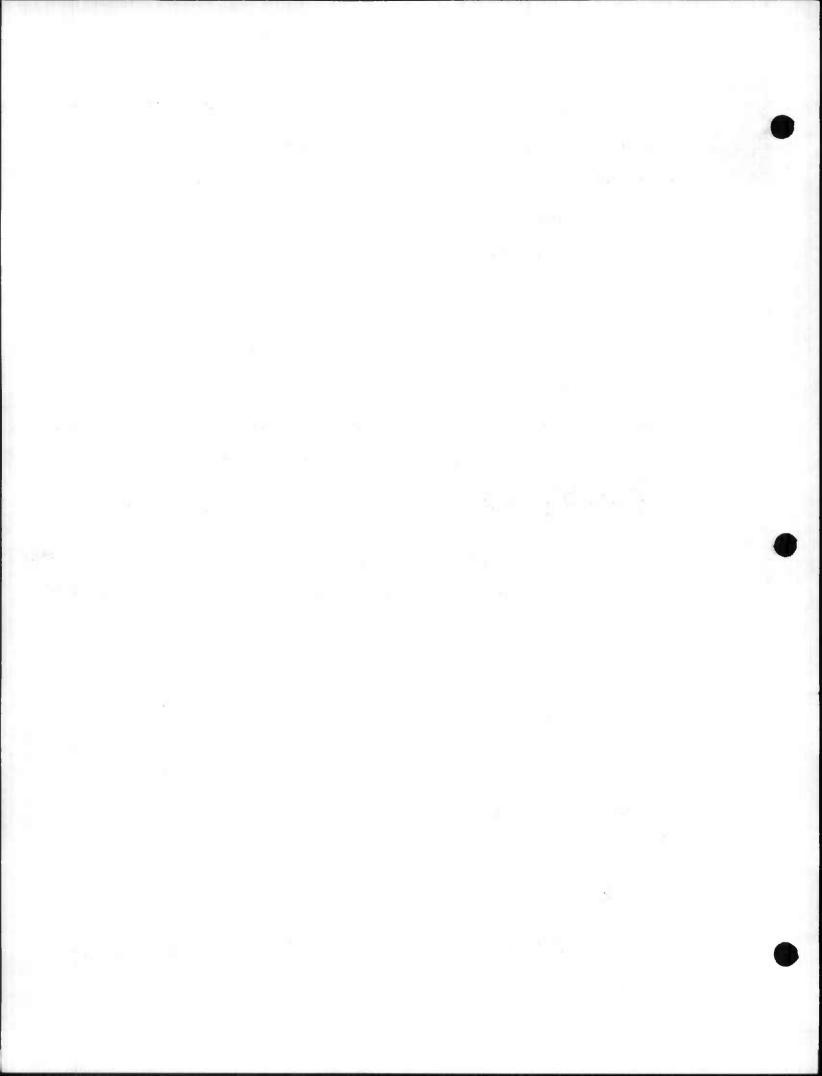
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							Cen	iticat	e or	Deatr	7		Reg. No.			
	ysicia Medica	n	Decedent's Name (First, Middle Vernon Roy		eman							2. Dete of D Month AUGUS'	Dey	1997	ar	3. Time of Deeth
	amine	r	4e. Facility Name (If not institution Sacred Heart							46. City, T Cumbe		ocation of Dee nd		County of I		
Fun Dire	eral		5. Social Security Number  220-16-6477  Usuai Rasidence of Decedeni	6. Sex 1 ☑ M 2 ☐ F	7. Age (In 72	yrs, last birth	rs.	if Under Months	T 1 Yeer Days	If Unde Hours	r 24 Hrs. Min.	8. Dete of B (Month, D		9. 25Ma	Birthpi Count	ace (Stete or Foreign try) Land
Maryland Ff show	Sed at		10a. Stete laryland Alle	gany	F10	c. City, Town	or Loca 112	ation							10	Od. Inside City Limits 1 ☐ Yes 2 🕄 No
th with the	at be not	al Director	10e. Street end Number 15601 Elk Li	ck Rd.S	.W.			10f. Zip 21	532				10g. Citiz	zen of Whe		ry?
5-0020 72 hours after death with the Manyland natural;, or items 23a or 28a-f show	Exa	by Fur	11. Maritai Status  1 Never Merried 2 Marri 3 Widowed 4 Divorced	12. Wes Der Armed F 1 Tyes If Yes, G Yeer or I	orces?	in U,S.	if `	as Deca Yes, spe	cify Cub	fispanic O en, Mexica Specify	in, Puerto	ecify Yes or N Rican, etc.)		14. Reca - A Bieck, N Specify[W]	White, 6	etc.
within within then.	The Medical	Completed	15. Decedant (Specify only highes Elementary/Secondary (0-12)	t grede completed	(1-4or 5+)	16e. (	Deceda Give ki life. Do Lal		ai Occup ork done se retire	pation during mo d)	st of work	ing	16b. Kir	nd of Busin		ustry
Maryland 2 d 2 should be filed th and Mental Hygis 7 is marked other	9490	lo Be	17. Fether's Name (First, Middle, James A. Whi						18. Moth Ruth		e (First, Middle oodwii		Surname)			
C 6 N	other trsumatic		19a. informant's Name/Relations Rosalie White			156	01	E1k	Li				ostb	urg,	Md	. 21532
Baltimore, semit. Pages 1 a Department of Hac mportant: If Item	permit. Pages Department of Important: if its any injury or o		20e. Mathod of Disposition  1  ☐ Burlel 2 ☐ Cremetion  4 ☐ Donetion 5 ☐ Other (Sp.	pecify)		Ob. Piace of l cametery	ur g	g Me	other ple em •	Park	1	ug.11		tbur;		
Ba Demi	any ir		21. Signeture of Funerei Servica I	N. K.			Ei	icht	orr		Kenz	ie Fur 1539		1 Hor	ne	
Physic /Med Exam	licai iner	ner	shock, or heart failura. List of immediate Ceusa (Final disease or condition resulting in daath)	e. D	ooch lina. NGE	STII to (or es a co	IE	ence of):	H	,	7	FIAI		RE	-	Approximate Interval Batween Onsei end Death  5 DAY  15 DAY
OX 68760,  certificate be execute inding physician and	certificate be executed ding physician and usa as the bunel-transit	Physician/Medio	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c	EVE	to (or as e co		MAS	Cui	LAL Di		CULU BETI				20 YRS
I RECORDS, P.O. Bo The law requires that the death ate has been signed by the atte	director, paga 2 should be detached for u		Part ii. Other elgnificant condition	ns contributing to d	MEC	t resulting in	the und	derlying o	ause gi	ven in Part	1.		tobacco		bute to	the cause of death?
Scords werequires s been sign	2 should b	CHRONIC OBSTRUCTIVE, PULL DISEASE								ULM	nont.	44e. Wa	s en eutop iomed?	osy 2	eve	ra eutopsy lindings bileble prior to npletion of cause daath?
Division of Vital Records, for Attending Physician: The law requires that death.  Director: After this certificate has been signe	octor, page		25. Was case referred to medical	I	)(52	ASC	=			26. Piac	a of Deat	1 Check only		<b>E</b> No	10	Yes 2000
Of Vita Physician: r this certific	dire		exeminer?	Hospitai:	Inpatieni	2 ER/Out	peilent	3 DC	DA Off	ner: 4 🗆 N	lursing Ho	ome 5 Res	idence 6	3 Other (	Specify	)
VISION O Attending Pt ar death. sctor: After th			27. Manner of Death  1. Naturai 5 Pending 2 Accident Investig	ation	of Injury oth, Dey Yea	28b. Ti	me of ury	M	28c. inju Wo 1 🗌	ryat rk? lYes 2□	] No	28d. Dascribe	how injur	y occurred		
DIVISION WITH OF Attenders after deat real Director:	lled in by		3 Sulcide 6 Could n 4 Homicide determi	ned 286. Piec build	ling, etc. (S							City or To	wn, State	)		l Route Number,
Di To the Hospital or within 24 hours afte To the Funeral Dir	mpletaty f	200	29a. Certifier (Check only one)  1	g Physician: To the Examinar: On the b and mer	a besi of my pasis of exa nner state	knowiedge, mination end/	death of	stigation	, in my c	ma, data a opinion, da se number	nd pleca, eth occur	and due to the red at the time	, date and	piaca, and	due to	the ceuse(s)
12	8		Margh	Ugu	n di	Ch	n	I	2	49	35-1	/	Au	e signed (A	S	197
pel	Cac		30. Name and addrags of person value of the control	H.M.D	Redistrar's			rint)	e F	rost	bur	, MD	2	153	۹.	
Re	State gistra		AUG1	1 1997	Julia d	welson	Rand	all								



State of Maryland / Department of Health and Mental Hygiene 97 25856

						Cei	rtificate of	f Death		R	eg. No.	1 6	0000
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Physi /Me		ROBERT	WILSON	WARE					A	UGUST 8	B, <sup>Dey</sup> 1997	Yaer	1620
Exam		4e. Facility Neme (If no			m <i>ber)</i>			4b. City, To	own, or Loca	tion of Deeth	4c. County	of Deeth	
		SACRED H	EART HO	SPITAL				CUMBI	ERLAND		AT.T.	EGANY	
Funera	al	5. Social Security Num			7. Age (In yrs.		If Under 1 Yes Months Days	If Under		Dete of Birth (Month, Day)			(Steta or Foreign
Directo	r	723-07-892	9	1 2 F	68	Yrs.	70007000 00000			UG 10			LAND
pur *		Usuel Residence of De 10a. Stete 1	ecedent 0b. County		10c Ci	ty, Town or Lo	cation						Inside City Limits
Aanyle sho	5			DD.			oution						1 ☐ Yes 2 ☑ No
the A	Director	PA .  10e. Street and Number	BEDFO	KD	E	EDFORD	101 75-0-4				0. 0		41
with with	급	RD 3 BOX		KE CODD	ON DOAD		10f. Zip Code 1552			1	U.S.	Whet Country?	
5-0020 72 hours effer deeth with the Maryland naturel, or items 23e or 28e-f show sical Examiner count be notified at	Funeral		JOU LA	_	edent Ever in U		Was Decedent of		ining (Canal	Ves er Ne		e - Americen i	ndina
ter dee Items	S	11. Marital Status  1 Never Married	21XMarried	Armed Fo	rces?	13. 1	f Yes, specify Cu	ben, Mexice	n, Puarto Ric	an, etc.)		ck, White, etc.	noian,
A 1 A 1 S-0 U Z U  d within 72 hours eff giene.  or then "neturel", or  the Medical Exerts.	by	3 Widowed 4		W. S.C O.			1□ Yas 2ÑN	Specify:	:		Specif	WHITE	
n 72 hours netural',	8	15	5. Decedant's Ed	1		16a. Deced	lent's Usuel Occi	upation			16b. Kind of B	usiness/Industr	
- c - a	Completed	(Specify Elementery/Seconde	only highest gra	de completed) College (1	I 400 5 1\	(Give	kind of work don OO NOT use retir	e during mos	st of working				
filed withii Hygiene. rither than	E	Elementery/Second	12	College (	1-40( 5+)	PITTSB	URG PLAT	E GLA	ss co.	М	ANUF O	F GLASS	PRODUCT
はまま	Be	17. Fether's Neme (Fir	st, Middle, Last,	)				18. Moth	er's Neme (F	irst, Middle, I	Maiden Sumen	ne)	
should be ad Mental marked o	To	SAMUEL W	• WARE					MAR	GARET	L. CLI	TES		
d 2 should the end Men 7 is marke traumatic		19e. Informent's Nemo	e/Relationship (	Type, Print)		19b. Meilir	ng Address (Street	et end Numb	er or Rural R	loute Number	, City or Town,	State, Zip Coo	de)
		ELIZABETH .	ANN WAR	Е	WIFE	RD3 B	0X380 LA	KE GOI	RDON R	OAD B	EDFORD	, PA. 1	5522
SEE		20e. Method of Dispos		10		Plece of Dispo	sition (Neme of natory or other pi	lece)		Dete	20c. Location	City or Town,	State
Pages nent of I		1 X Burial 2 □ 0 4 □ Donetion 5 [			State		METERY A		11 19	97 C	UMBERLA	AND MAR	YLAND
Deficiency of the first part of Her Important: If them eny injury or other	i i	21. Signature of Fune	ral Sarvice Licer	500/) ·		22	. Nama and Add	rass of Facili	ity				
a ales	3		V. Y.	War.	1	M	ERRITT-A	DAMS 1	FUNERA	L HOME			
		23a. Part1. Enter the c shock, or heert for	disaase, or com	plications thet c	eused the deat	th. Do not ent	04 DECAT er the mode of dy	UR STI	REET C	UMBERL espiratory arra	AND MAI	RYLAND	proximeta
Physicia	,	snock, or neert to	ellure. List only	one was on e	ech line.							Inte	arval Between set end Deeth
/Medica	I	Immediate Cause (Fin disease or condition	al	· Liv	ec F	alle.	Da					=	S HOAD
Examine	r	resulting in deeth)		e.   V		or es e conseq	uence of):						) deviva
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ocute and trens	Examiner	Sequentially list condit if eny, leeding to imme	tions,	b		or es e conseq	,	J. J					
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that the sed by the deteche	F.	50	hais							1 🗆 Y	s 2 No	3 Probabl	y 4 Unknow
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necords he law requires has been sign age 2 should be	Completed									24e. Wes e perform	n eutopsy ned?	avalleb	ole prior to
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	Son									1 □ Ye	s 2 No	1 ☐ Ye	s 2 No
OT VITAL IN Physician: The litthis certificate he rel director, page	Be	25. Wes cese referred exeminer?	to medicel					26. Piace	e of Deeth (C	Check only on	e)		
Or VITA Physician: this cartific rel director,	0	1 ☐ Yes 2 No		Hospitel: 1X	npatient 2	ER/Outpetien	t 3 DOA	ther: 4 Nu	ursing Home	5 Reside	ence 6 Oth	er (Specify)	
On O ding Ph h. After thi funeral		27. Manner of Deeth Neturel	5 ☐ Pending	28e. Dete d (Mont	of Injury th, Dey Year)	28b. Time of Injury	28c. Inj	ury at ork?	280	d. Describe ho	w injury occur	red	
LIVISION  or Attending efter death.  Director: After d in by the fune	Sati	2 Accident	Investigetion					☐ Yes 2☐	No				
or Attend efter death Director: /	Certification:	3 ☐ Suicide <sup>6</sup> 4 ☐ Homlcide	Could not be determined	286. Piece	of Injury - At h	ome, ferm, str	eet, factory, office	9	28f	. Location (St City or Town		per or Rurel Ro	ute Number,
J SE SE			/										
t hour	edical	29e. Certifier (Check only	Certifying Ph	yelcian: To the	best of my kno	wledge, deeth	occurred et the	time, dete en	nd plece, end	due to the co	euse(s) end me	enner es stated	J.
To the Hospital or Attending F within 24 hours efter death. To the Funeral Director: After completely filled in by the funer		one)		end man	nar statad.	KIOTI OTTO I ITT			301 00001100	at 610 time, 0	ote end place,		00000(3)
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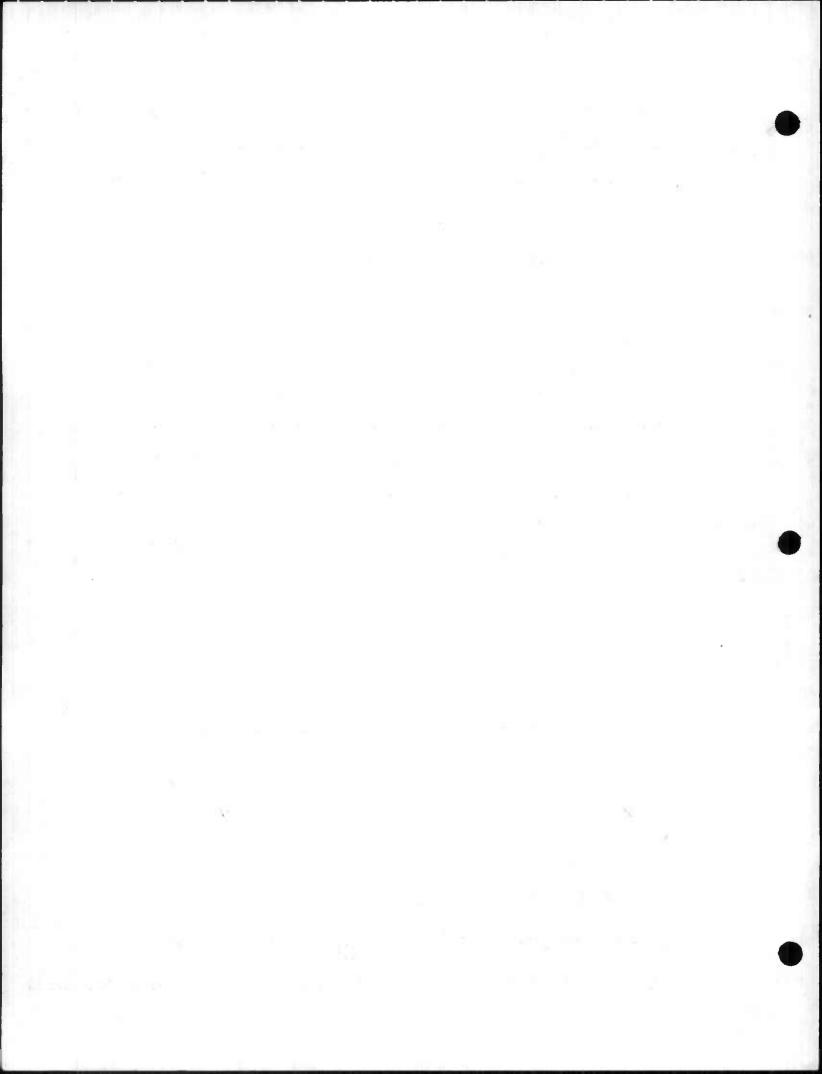


State of Maryland / Department of Health and Mental Hygiene 97

25857

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	Physician /Medical		Decedent's Nan	L.	WEBER				2. Date of I Month Augus	Day	Day Year		ne of Death 20 am			
	Exami		4a. Facility Name	l Cente			4b. City, To Cumb		ocation of Dec		4c. County of Deeth Allegany					
	Funeral Director	Г	5. Social Security 1 214-12-	Number -3027	6. Sex 1□M 2X/F	7. Age (II	n yrs. last birthda 76 Yrs.	y) If Under	1 Year Days	If Under		8. Date of E (Month, I	Birth De <i>y, Year)</i>	9. Birth		ate or Foreig
	show	J.	Usual Residence of 10a. State MARYLAND	10b. County	EGANY	10		CUMBERLAND							de City Limits	
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	a 23	erai	45 MARION STREET  11. Marital Status 12. Was Decedent Ever in U				rin II C I to	21502					U.S.			
720	filed within 72 hours after death with the Maryland Hyglana. Ither than "natural", or itema 23a or 28a-f show ant, the Medical Examinat must be notified at	by Funeral Director	1 Never Man	Armed Forces?  Armed Forces?  1  Yes, Give  Year or Dates:			r III 0,3.	U.S.  13. Was Decedent of Hispenic Origin? (Specify Cuban, Mexican, Puerto F				Rican, etc.)		. Race - American Indian, Biack, White, etc.		m,
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0	d 2 should th and Men 7 is marke trsumatic		19a. Informant's N	lame/Relations	ship (Type, Print)		19b. Ma						ural Route Number, City or Town, State, Zip Code)			
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Dalumore,	nit. Pages partment of loortant: If ite injury or or		4 ☐ Donation	SUNSET	JNSET MEMORIAL PARK			3	3/9/97	CUMBERLAND, MARYLA			YLAND			
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	100		23a. Part1. Enter	the disease, or	complications that	caused the	death. Do not	enter the mode	of dylr	ng, such as	cardiac	or respiretory	arrest,	21.302	Approx	imete t Between
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	rificate be executed og physician end es the buriel-transit	dica	that initiated event resulting in death)	to (or as a cons	(or as a consequence of):											
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	or Attendir efter death. Director: A	Certification:	3 ☐ Suicide 4 ☐ Homtotde	- At home, farm, Specify)	ome, farm, street, factory, office 28					8f. Location (Street and Number or Rural Route Number, City or Town, State)						
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month Day Yaar **Physician** 08:55 PM WRIGHT JOAN 1997 AUGUST 08 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GEORGES GEORGES HOSPITAL CENTER CHEVERLY PRINCE PRINCE 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 8. Dafa of Birth (Month, Day, Year) **Funeral** 1□ M 25 F 58 578-52-1116 Yrs. Director 05-11-39 Virginia Usuai Rasidance of Decedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show Yas 2 No Maryland Prince George's Capitol Heights Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò other traumatic event, the Madical Examiner nate be 23a 6705 F Street 20743 USA Funeral Herne 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Yas 2 X No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 25 No **Black** Specify by 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry illed within 7 Hygiene. Eiamantary/Secondery (0-12) Collega (1-4or 5+) 12th Custodian Government other permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pauline Brooks Charles Corbett 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 6705 F Street, Capitol Heights, MD 20743 Rochelle Wright/Daughter 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata DOBurial 2 Cramation 3 Ramoval from Stata 8/16/97 Harmony Memorial Park Landover, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility J. B. Jenkins Funeral Home 1er whe 7474 Landover Road, Landover Maryland 20785 23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilule. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician /Medical Immediate Causa (Final disaasa or condition resulting in daath) . HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR PISEASE Examiner Dua to (or as a consequence of) Examiner physician and se the buriel-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Ceusa (Disaase or injury that initieted avants rasulting in daath) Last Due to (or as a consaguance of): Box 68760. Physician/Medical Dua to (or as a consequance of): P.O. Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown RENAL FAILURE signed t CHRONIC Records, þ 24a. Was an autopsy performad? 24b. Wara autopsy findings available prior to Completed Deen completion of causa of death? hes page 2 2 No certificate 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 25. Was casa rafarred to medical 26. Place of Death (Check only ona) examinar? 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Time of Certification: 28a. Data of Injury (Month, Day Year) 28c. injury at Work? 28d. Dascribe how Injury occurred 1 Naturai 5 Pending 1 ☐ Yas 2 ☐ No investigetion 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28a. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On tha basis of examinetion and/or invastigation, in my opinion, deeth occurred at tha tima, date and place, and due to the candinate and mannar stated. Medical 29a. Certifier tion and/or invastigation, in my opinion, deeth occurred at tha time, date and place, and due to the cause(s) 29b. Signardre & 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) AUGUST 11, 1997 23a) (Type, Print) PRIVE, CHEVERLY, MARYLAND 20785 MANO F. GOLLE JR. 300 MD HOSPITAL

**DHMH 16 Rev 6/95** 

State

Registrar

31. Dete filed (Month, Day, Yaar)

AUG 11 1997

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Amended +	<b>#</b> :	31. P.G.C. 8-12-97		Maryla		artmen rtificat			nd M	ental Hyg	iene og. No.	97	25860
Physician /Medica	n	1. Decedent's Neme (First, Middle, L EARL WRIGHT,	ast)	-						2. Data of Deet Month AUG-UST	Dey	Year 1997	3. Tima of Deeth 10:33 PM
Examine		4e. Fecility Neme (If not institution, gi SINAL HOSPITAL		ber)			4	BALT		cation of Daeth		ty of Deeth	E
Funeral Director		5. Social Security Number 247248988 6. Sex 1 1 M M 2 □ F 7 7				Months Dave				8. Data of Birth (Month, Dey, MAY 5,	Year) 9. Birthplace (Sountry) 1920 South (South		place (State or Foreign otry) TH CAROL (NA
Merylend H show	tor	Usual Rasidence of Decedent  10e. State 10b. County 10c. City, Town or Location  MARYLAND BALTIMORE BALTIMORE											0d. Inside City Limits 1  Yes 2  No
with the Men 3a or 28a-f sh	I Director	10e. Street end Number 6947 BLANCHE ROAD				10f. Zip Code 2/2/5					10g. Citizen of Whet Count UNITED ST		
d 21215-0020 filed within 72 hours efter death with the Meryland Hygiene. ther than "naturel", or items 23s or 28s-1 show int, tre Medical Exercites must be notified at	by Funeral	11. Marital Status  1 Never Merrled 2 Marriad  3 Widowed 4 Divorcad	12. Was Deced Armed Ford 1  Yas 2 If Yes, Give Year or Dat	as?	'   '	Was Deced f Yas, spec 1 ☐ Yes	,	ispenic Origin n, Mexican, F Specify:	1? (Spe Puerto F	cify Yes or No- Rican, atc.)		ace - Amaric leck, White,	atc.
Maryland 21215-0020 d 2 should be filed within 72 hours elf h end Mental Hygiene. The marked other than "naturel", or traumatic event, tra Medical Exern traumatic event, tra Medical Exern traumatic event, tra Medical Exern traumatic event, tra Medical Exern traumatic event, traumatic	Completed	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondary (0-12)  O NONE  College (1-4or 5+)			(Give	16e. Decedent's Usual Occupetion (Give kind of work done during most of work life. DO NOT use retired)  CONSTRUCTION WORKE					CONCTRUCTION		
ire, Maryland 2 s 1 end 2 should be filed If Heelth and Mental Hygi Nem 27 is marked other other traumatic event, I	To Be C	17. Fether's Neme (First, Middle, Lest)  EGRLEY WRight  19b. Mailling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)											
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Baltimore, pemit. Pages 1 er Depertment of Hee important: If Nem 2 any Injury or other any Injury or other		Buriel 2 Cremetion 3 [ 4 Donation 5 Other (Special Signature of Funeral Service)	ify)	ate W	ESTA	FEN	S7	AR CEN as of Facility ATE	62	15/97 (	aton BRO INC	STREE	Hd.
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8760 ete be hysicia the bur		Sequentially list conditions, if eny, leeding to immediate cause. Entar Undertying Cause (Diseasa or injury thet initieted events resulting in death) Lest  Due to (or es a consequence of):  C.  Due to (or es e consequence of):  d.											
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Olvision of Vital Records, P.O. or Attanding Physician: The law requires that the defer death.  Director: After this certificate has been signed by the fineral director, page 2 should be detached that the defendent To Be Completed by Physicians.										24e. Wes er parform	ned?	av	ere eutopsy findings ailabla prior to mpletion of cause death?
f Vital Fysician: The secrificate director, pag		25. Wes case referred to medical exeminer?		tr a					Deeth	1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No eth (Check only one)			
After fune	ation: 10	1 ☐ Yes 2 ☑ No  27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accidant investigation	28a. Date of (Month,	Hospital: 1 ☑ Inpatiant 2 ☐ ER/C  28a. Date of Injury (Month, Dey Year)  28b.			8c. Injury Work			toma 5 ☐ Residence 6 ☐ Other (Specify)  28d. Describe how injury occurred			y)
Division or To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Sulcide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)							28f. Location (Street end Number or Rural Route Number, City or Town, State)				
To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only one)  1. Certifying Pi 2 Medical Exa	hysician: To the be miner: On the bes end menne	is of examina	owledge, deeth ation end/or inv	occurred restigation,	et the tim	e, date end pointion, deeth	occurre	nd due to the ce d et the time, da	use(s) end r ite end place	menner es si e, end due to	teted. the ceuse(s)
To u vithing to u commo	M	29b. Signature end title of certifier	Brian	HS of death (Item	m 23e) (Type	D	U 6	83 <b>4</b>			AUGUS		
State Registrar	e	EDBERT BR 31. Date filed (Month, Dey, Year)	IANT HEI	1 2401		vodere	2 Au	re. Bai	1+.	MD			

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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yland		10e. Stete	10b. Count	ty		10c.	. City, Town or Lo	cation					1	0d. Inside City Limit
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State of Maryland / Department of Health and Mental Hygiene

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Registrar

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State of Maryland / Department of Health and Mental Hygiene 25863 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Donald William Zimmerman, Sr. 8:55 pm 1997 August /Medical 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Magnolia Gardens Nursing Center Prince George's Lanham If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 1⊠M 2□ F Yrs 52 213-42-6380 Oct. 6, 1944 Washington, DC Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1⊠ Yes 2□No Maryland Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7417 Garrison Road 20784 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Merried 2 X Married 1 ☐ Yes 2 No Specify: by Specity: White 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 Master Plumber Construction 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Fairman Zimmerman Checchia Zimmerman Yolanda 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) Dorothy J. Zimmerman - Wife 7417 Garrison Road, 20784 Hyattsville, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 8/11/97 Brentwood, Maryland 22. Name and Address of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, Md. 20781 23e. Pert1. Enter the disease, or complications that cause the dishock, or heart failure. List only one cause on each ineth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate Interval Betw Immediate Cause (Finel diseese or condition resulting in death) Due to (or es e consequence of): Examiner rausy Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical NOV Due to or as a consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à Completed 24e. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 28. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 28e. Dete of Injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending investigation 1 TYes 2 □ No 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and manner as steted.
2 Madicat Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end manner steted. Medical 29e, Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year)

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, I o the Hospital Inin 24 hours a o the Funeral D pletely State Registrar

**Funeral** 

Director

28a-f show

ò Нета 23а

traumatic event, the Maulcal Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural; or Health any Injury or other traumatic event, the Mental Experiment 2008.

**Physician** /Medical

Examiner

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signed by the al

paga 2

certificate

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital

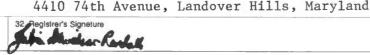
Baltimore, Maryland 21215-0020

with the Maryland

death

31. Date filed (Month, Day, Year) AUG 11 1937

Robert Gereige



30. Name end eddress of person who completed duse of death (Item 23e) (Type, Print)

**DHMH 16 Ray 6/95** 

The state of the s

# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death Month

25864 's Name (First, Middle, Last, 3. Time of Death **Physician** 2:02 Am /Medical 4b. 9f9, Town, or Location of Peath 4a. Facility Name (If not institution, give str **Examiner** 0 6 if Under 24 Hrs. 8. Date of Birth
Hours Min. Month, Day, 5. Social Security Number 6. Sex vrs. last birthday) **Funeral** 15 M 2 F Months Deys Yrs Director Usual Residence of Decedent the Maryland 10e. Stete 10b. County City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f ahov idical Examiner must be notified at 1 Yes 2 No Completed by Funeral Director 10e. Street and Numb 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours eftar death with 1 Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 3 any injury or other treumatic avant, its Medical Example must be in 2606 Wes Decedent Ever in U.S.
Armed Forces?
1 Dyes 2 | No
If Yes, Give
Yeer or Dates: 1962 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American i Biack, White, etc. 1 Never Married 2 Married 21215-0020 1 Yes 2 No 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry revenue College (1-4or 5+) Elementary/Secondary (0-12) Baltimore, Maryland 17. Father's Name (First, Middle, Last 18. Mother's Name (First, Middle, Meiden Sumeme) Be 19a. Informent's Name/Relations (Type, Print) 19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 2606 11)d 2120' 20b. Placa of Disposition (Name of completery, grametory of other place) 20c. Location - City of Town, Stete Methed of Disposition 1 Burial 2 □ Cremation 3 □ Removel trop 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service L 23a. Part1. Enter the disease, or complications the dused the shock, or heart failure. List only one ceuse of heart failure. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final V disease or condition resulting in death) Examiner Examiner or Attending Physician: The law requires thet the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Box 68760. Physician/Medical Due to (or as a consequence 980 be detached for P.O. Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco usa contributa to the causs of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown sion of Vital Records, þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? page 2 certificata 1 Yes 2 No 25. Wes case referred to medicel examiner? Be 26. Place of Death (Check only one) Certification: To 1 Yes 4 ☐ Nursing Home 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred After Natural 5 Pending investigation after death. Director: Af 1 Yes 2 No ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Certifier (Check only

29d. Dete signed (Month, Day, Year)

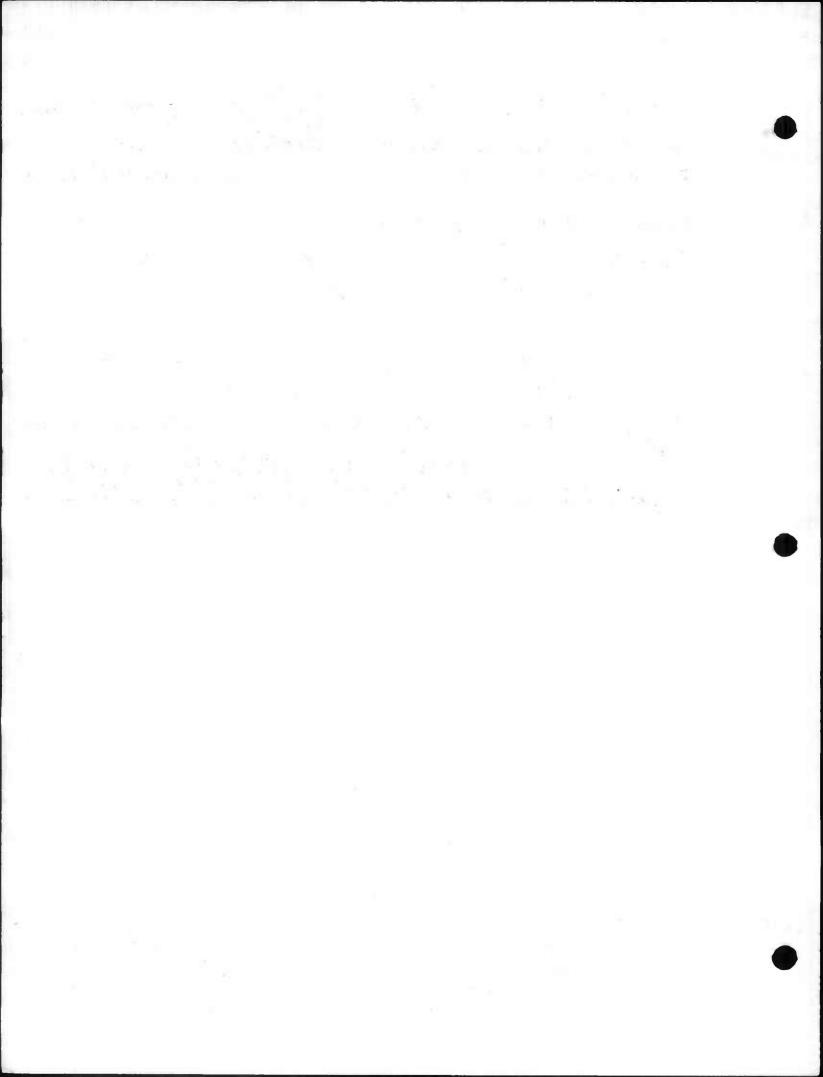
Registrar

29b. Signeture and title of ceytifier

marie 31. Dete filed (Month, Day Year) AUG 2 6 1997

son who agmpleted cause of death (Item/23a) (Type, Print)

ADDRESS TONICOL



Months

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

25865

**Physician** /Medical **Examiner**  1. Decedant's Name (First, Middla, Last) ANDREA MARIE

AUSTIN-FLACK

AUGUST

2. Date of Death

3. Time of Death

4a. Facility Nama (If not institution, give street end number) THE JOHNS HOPKINS HOSPITAL 4b. City, Town, or Location of Death

Bay 199 7 ar 5:15PM 4c. County of Death

**Funeral** Director

28a-f show

6 Items 23a

"natural", or

marked other

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Department in important: If any injury or once.

**Physician** /Medical

Examiner

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physician s the buriel

been signed t

pege 2 hes certificate

director.

this funeral

Affler

i efter deeth. I Director: Af d in by the fu

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The lew requires that the death certificate be executed

P.O. Box 68760,

Records.

Division of Vital or Attanding Physician: Examiner

Physician/Medical

þ

Completed

Be

Medical Certification: To

filed within 7 Hygiene.

Peges 1 and 2 should be fament of Health end Mental Int: If Item 27 is marked of

72 hours after

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

þ

Completed

579-04-4269 Usual Rasidance of Dacadant 30

BALTIMORE If Undar 1 Yaar Months Days If Under 24 Hrs. Hours

10a Stata 10b. County 10c. City, Town or Location

7. Aga (In yrs. last birthday)

8. Data of Birth 9. Birthpiaca (Stata or Foraign Country)
12-22-1966 WASHINGTONDC

5. Social Sacurity Number

PRINCE GEORGE

LAUREL

10d. Insida City Limits XXYas 2□No

10e. Straat and Number

180 LAUREN DRIVE #202

20724

10f. Zip Coda

10g. Citizan of Whaf Counfry? USA

1 Navar Merried 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Give Yaar or Datas:

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.)

14. Race - American Indian, Black, White, etc. Specify: BLACK

15. Decedant's Education (Specify only highest grada complated)

Coilega (1-4or 5+)

16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

16b. Kind of Business/Industry

Elamantary/Secondary (0-12)

YEARS

PHARMACY TECHNICIAN

ALLIED PHARMACY

17. Fether's Nema (First, Middla, Last)

ERNEST AUSTIN JR.

SHIRLEY WYNN

18. Mothar's Name (First, Middla, Maidan Sumama)

19a. informant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda)

SHIRLEY TAYLOR

20b. Placa of Disposition (Nama of cematary, cramatory or othar place)

12919 TRUMBULL DR., UPPER MARLBORO, MD. 20772 Data 20c. Location - City or Town, Stata

20a. Mathod of Disposition

1 Buriai 2 Cremation 3 Ramovai from Stata 4 Donation 5 Other (Spacify)

HARMONY MEMORIAL

8/11/97LANDOVER, MARYLAND

21. Signatura of Fundami Service License

22. Nama and Addrass of Fecility

AUSTIN ROYSTER FUNERAL HOME

3821 14TH ST. N.W. WASH., D.C. Entar tha disease, or complications that caused the deeth. Do not entar the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line.

20011 Approximata Intarvai Batween Onsef end Deeth

MONTHS

MONTHS

Immadiate Causa (Finei disaasa or condition rasulting in daath)

ADENOCARCINOMA

Dua fo (or es a consaguance of):

LIVER METASTASIS

HEPATORENAL SYNDROME

Dua to (or as a consequence of):

CHOLESTASIS

MONTH

Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last

Dua to (or as e consequence of)

WEEKS

Part II. Other significant conditions contributing to death buf not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an autopsy performed?

24b. Wara autopsy findings available prior fo completion of cause of daath?

1 XYas 2 □ No

1 ☐ Yas 2 ☐ No

25. Was cesa rafarred to medicei axaminar? 1 ☐ Yes 2 ☒ No

28a. Data of injury (Month, Day Year) 5 Panding

Invastigation 6 Could not be datarmined 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 DOA 28b. Tima of Injury

28c. Injury af Work? 1 ☐ Yas 2 ☐ No

Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 28d. Dascribe how injury occurred

26. Piaca of Death (Check only ona)

29a. Cartifian

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature end fitte of certifier

27. Mannar of Death

1 Natural 2 Accidant

3 ☐ Suicida

4 Homicida

29c. Licensa number E. Ulu, M. D., PH.D.

28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify)

RES-000

29d. Data signed (Month, Day, Year) AUGUST 5, 1997

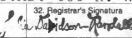
28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

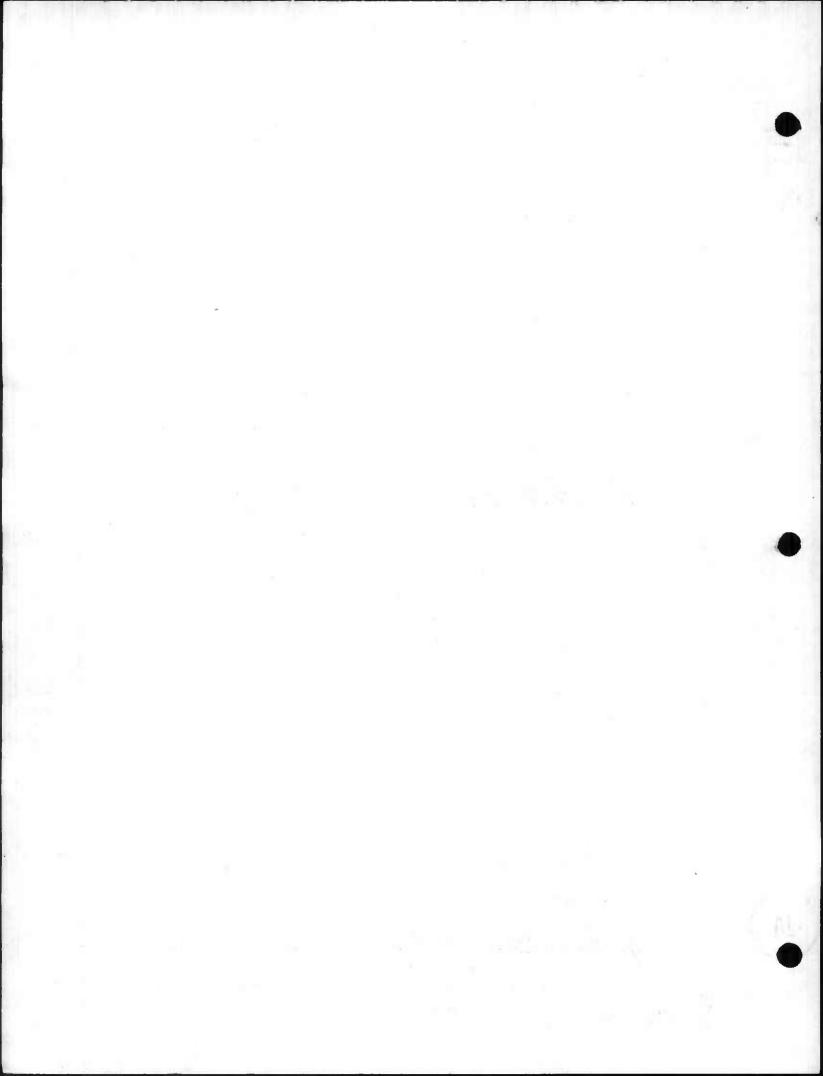
WU.MD. 600 N. WOLFE STREET, BALTIMORE, MARYLAND 21287 JUSTINA E.

31. Data filed (Month, Day, Year) State

AUG 2 6 1997



Registrar



State of Maryland / Department of Health and Mental Hygiene

25866

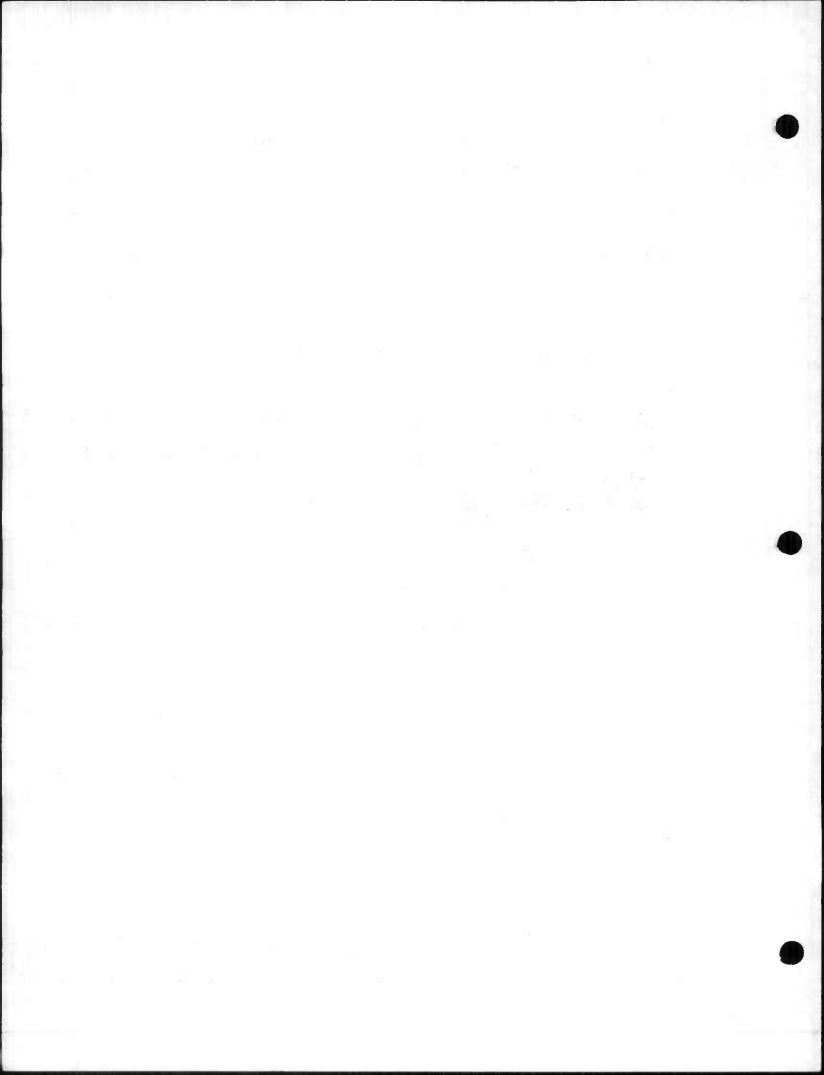
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** 6.10 PH MANERVA AUGUST /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE Data of Birth (Month, Dey, Year) 7. Aga (In yrs. lest birthday) If Under 1 Year 9. Birthplace (State or Foreign **Funeral** 1 DM 257 Days Hours 238-60-0763 5 7 Yrs. N.C Director Usual Residence of Decedent the Maryland 10a. State 10b County 10c. City. Town or Location 10d. Inside City Limits "natural", or Items 23a or 28a-f showed cal Examiner must be notified at N.C. Director Faison 1 Pres 2 □ No 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? Bright 28341 DAVID U.S.A 384 Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No It Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Spacify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Black Be Completed by 3 Widowed 4 Dolvorced th end Mental Hygiene.
7 Is marked other than "natur traumatic event, the Medical 15. Decedent's Education (Spacify only highest greda completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry of N.C. Elementary/Secondery (0-12) College (1-4or 5+) State Interviewer grade 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumame) Pages 1 and 2 should be nent of Heelth end Mental NewKirk Mabel Oscar 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) nt of Heelth end If item 27 is n or other traun Durham, N.C 27705 AUIS Artis Woodbourne Rd, 1604 20b. Piace of Disposition (Name of cametery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Goldsboro, N.C. permit. Page Department of Important: If any Injury or once. 8-26-97 Wayne MEM. 4 ☐ Donation 5 ☐ Other (Specify) Signature of Funeral Service Licansee 22. Name and Address of Facility 1101 E. North Ave EMST F. H. March Far1. Enter he disease, or complications that cursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finat VENO OCCLUSIVE diseasa or condition resulting in death) **Examiner** Due to (or as a consequence ot) Examiner ACUTE RENAL DISEASE The law requires that the death certificate be executed bunel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Last P.O. Box 68760. BONE MARROW TRASPLANT Physician/Medical the Dua to (or as a consequence of): 98 esn ate has been signed by the e pege 2 should be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Dtd tobacco use contribute to the cause of death? 1 Yas No 3 Probably 4 Unknown Records, by 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 No certificate Division of Vital Hospital or Attending Physician: Be 25. Was case reterred to medical 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Impatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Natural 2 Accident 1 Yes 2 No death. after death 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) itely filled in by 4 Homicide 24 hours a edical Certifying Phyatcian: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) end menner es stated.

Madicat Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier (Check only one) å 29b. Signature and title ot certitien 29c. License number 29d. Date signed (Month, Dey, Year) AUGUST 22 th 1997 NO051946 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 600 N. WOLFE UNCOLOGY CENTER STREET KOBERTO PILI TOHNS HOPKINS 31. Date filed (Month, Day, Year) 32. Registrar's Signature

**DHMH 16 Rev 6/95** 

State Registrar

AUG 2 6 1997



State of Maryland / Department of Health and Mental Hygiene 97 25867

				Certificate of Death	Reg. No.	1 2 2
Physici	an	1. Decedant's Nama (First, Middla, L			2. Data of Death Month Dev	3. Time of Death
/Medic		Dorothy	D. BROW	N	08 24 1	997 11:15 AV
Examin	er	4e. Facility Nama (If not Institution, g	ive straat and number)	4b. City, Town,	or Location of Death 4c. Count	y of Death
		Northwest Nun	sing forme	BAI	70	NA
uneral irector		5. Social Sacurity Number 6. 216 - 74 - 0391 Usual Rasidance of Decedant	Sax 7. Aga (In yrs. last bir		in. 8. Dete of Birth (Month, Day, Year) 2-9-65	9. Birthplaca (Stata or Forai Country)
H show	tor	10a. Stete 10b. County	10c. City, Tow	n or Location ATIMORE		10d. Inside City Limit
23a or 28a uni be not	ral Director	10e. Street end Number 2705 G	Parrison B	106. Zip Code 2/21	16 10g. Citizen of	What Country?
el', or items 23a or 23a-f ehow Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedant Evar in U,S. Armad Forces?  1  Yes 2 No If Yes, Give / Yaar or Dalas:	13. Was Decedent of Hispanic Origin? If Yas, specify Cuban, Maxican, Pu  1 □ Yes 2 DNo Specify:	(Specify Yas or No- arto Rican, etc.) 14. Ra Bie Specifi	ce - Amarican Indien, ack, White, etc. fy: BIAUC
naturel edical Ex	ted	15. Decedant's E		Decedant's Usual Occupation	16b. Kind of B	Business/Industry
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p é	To B	HARV.	1 BROWN	DOR	OTHY R.	PUTTY
tran		19a. Informant's Name/Relationship		. Malling Addrass (Street and Number or		
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= 8		1 Burial 2 ☐ Cramation 3 [	□Ramoval from Stata cemate.	y, crematory or other place)	-/ / -	
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important: any injury once.		21. Signetura of Funaral Service Lica	insee?			
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physician end the burial-trensit	Examiner	resulting in death)  Sequentially list conditions,	b. ————————————————————————————————————	consequence of):		
cian		Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseesa or injury	6			
attending physician of for usa es the buria	/Medical	that Initiated events rasulting in daeth) Lest	Due to (or as a o	consequence of);		
for u	clar					
detache	/ Physician/	Part II. Other significant conditions	contributing to death but not rasulting la	tha underlying causa givan in Part I.	23b. Did tobacco use co	ofitribute to the cause of death 3 ☐ Probably 4 ☐ Unkno
been sign	Completed by				24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause
10 G	E D					of death?
certificate rector, pag		OS Was area referred to my direct			1 ☐ Yas 2 1 No	1 Yes 2 No
director, page	o Be	25. Was casa referred to medical axaminar?  1 ☐ Yas 2 ☑ No	Hospitel:	_ Other: _	Peeth (Check only ona)	
5 7	1: To	27. Manner of Deeth	1 ☐ Inpatiant 2 ☐ ER/Ou  28a. Date of Injury 28b. ]	tpatient 3 DOA 4 MANUISING	Homa 5 ☐ Rasidanca 6 ☐ Ott 28d. Dascribe how Injury occur	
funer	tion	1 Netural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day Yaar)	Fima of njury at Work?  M 1 ☐ Yas 2 ☐ No		
(2)	S	3 ☐ Sulcida 6 ☐ Could not I		rm, straat, factory, offica	281. Location (Street end Num. City or Town, Steta)	ber or Rurat Routa Number,
d in by the fu	Sertif	4 Homicida				
e Funeral Diractor: A	dical Certification:	29a. Cartifiar 1 Certifying P	hysician: To the best of my knowledge minar: On the basis of axamination an and menner stated.	, death occurred at tha time, date end pla d/or invastigetion, in my opinion, daath oc	ce, and dua to tha cause(s) end m curred et tha tima, data and placa,	enner as steted. , and due to the ceusa(s)
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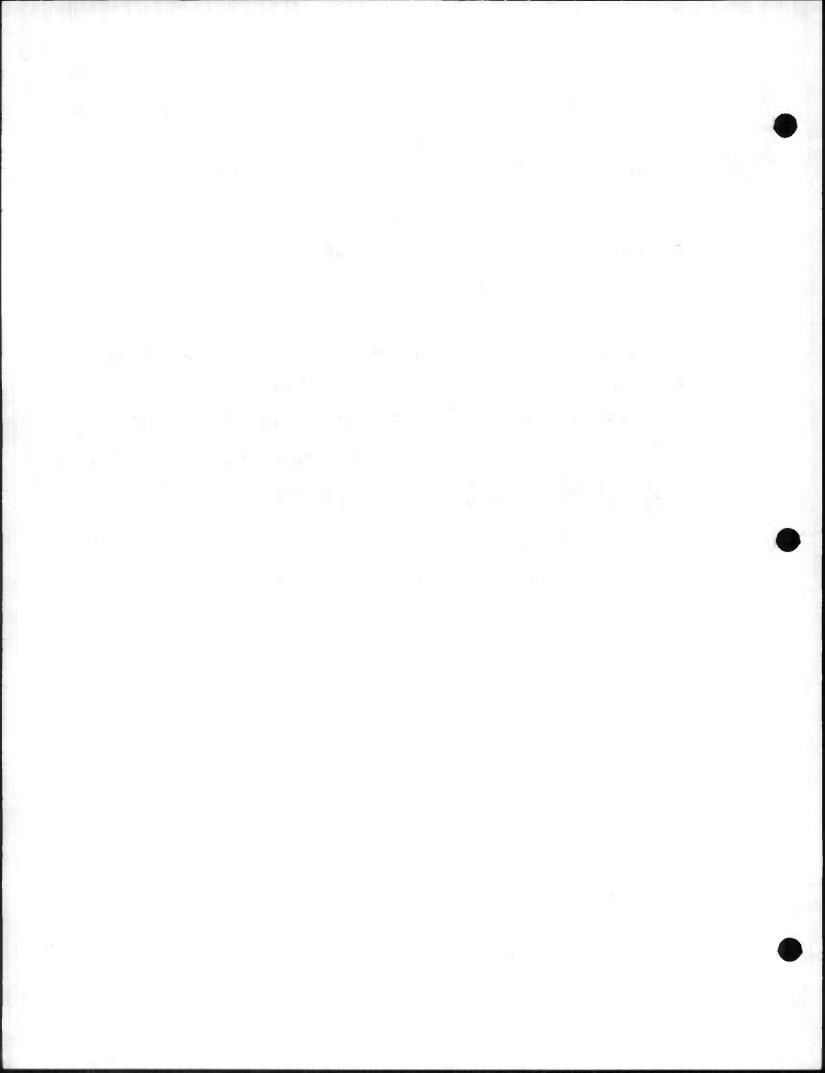
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State of Maryland / Department of Health and Mental Hygiene

25868

					Ce	rtificate o	f Death		Reg. No.		
		1. Decedent's Name (First, Mide	dla, Last)					2. Data of D	eath	V	3. Tima of Death
Physic		LORETT	A F	30570 r	$\cup$			Month	Day	Yaar 1997	16:15
/Med Exami		4a. Facility Nama (If not institution	on, giva street and nun	n <i>ber)</i>			4b. City, Town,	or Location of Dea	th 4c. County		10.13
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Funeral	Г	5. Social Sacurity Numbar	6. Sax	7. Aga (In yrs.			ar If Undar 24 I	Irs. 8. Data of Bi	rth	9. Birthp	laca (Stata or Foreign
Director		218-36-0133	1□M 2/2 F	88	Yrs.	Months Day	s Hours A	Ain. (Month, D	24, 1909		itry)
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o W	cto	na.	1/a		Baltim	ore					1√2 Yas 2□ No
ith th	Director	10e. Street and Numbar				10f. Zip Code			10g. Citizan of \	What Cour	itry?
23e		4100 Ethland Av	enue			212	207		USA		
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should be filed within 72 hours eft of Mental Hygiene.  merked other than "natural", or metic event, tre Medical Exam		3 ☐ Widowed 4 ☐ Divorce		atas:							
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ould be filed with Mental Hygiene. Brice other than	Be	Ambrose Cross	, 2201/						i, malour Surren	14)	
d 2 should be file th and Mental Hy 7 Is marked othe treumatic event	70	19a. Informant's Name/Ralation	oble /Time Brintl L.	-1 7	10h Maili	an Address (Ctar		y Young	on City on Tours	Canan Zin	O-d-1
2 2 2		George Marshall	Boston	sband				Rural Routa Numi			Cooa)
1 and Health em 27		20a. Mathod of Disposition	200 0011	20b. F		esition (Nama of	Avenue	Baltimor	e, Ma. 2		wm State
		180 Buriai 2 ☐ Cramation		State	cematary, crar	matory or other p					
mit. Pages 1 ar partment of Hea portant: if item ? y Injury or other		4 Donation 5 Other (		) Gal				Aug. 28	Owings	Mill	s, Md.
pemit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funeral Service	Joensey	//		2. Nama and Ado		Nutter	Funeral	Home	es, Inc.
		Kymen 7	J. Emm	·W.	25	501 Gwyn	ns Falls	PKWY Ba	ltimore,	Md.	21216
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/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	. 1263	FINA	70/4	FAH	CURE				DA45
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death certifice ettending ph	3		d								
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t the de by the teched	iys	Part II. Other significant conditi	lons contributing to de	ath but not ras	ulting in tha u	nderlying causa	givan in Part I.		1		the cause of death
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he law requires the has been signe	d by							24a Wa	s an autopsy	24b. Wa	ara autopsy findings
v require been sis	ete								ormed?	co	eilabla prior to mplation of causa
The law ate has b page 2 s	Completed								\ /	of	death?
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ling After fune	o	1 Natural 5 ☐ Pandi	ng (Monti	h, Day Year)	28b. Time of fnjury	W	lork? □ Yas 2 □ No	280. Dascribe	how Injury occur	red	
or Attending I efter death. Director: After d in by the fune.	Certification:	2 Accident Invast 3 Suicida 6 Could	igation	of Internal At h				20f Leastion	(Street and Numb	or or Burn	I Pauta Alumbas
or Al	T.	4 ☐ Homicida deterr	nined Zoa. Place	of Injury - At hing, atc. (Specil	oma, tarm, str <i>y)</i>	aet, factory, offic	<b>:e</b>	City or To	wn, Stata)	oer or Hura	Houla Number,
pital praf		200 Cartifies OF Cartiful	Dhustalas Tarba	h 1 - 1 1	to do a to all	4.44	A				
To the Hospital or Atterwithin 24 hours efter de To the Funeral Directo completely filled in by the	edical	29a. Cartifiar (Check only one) 2 Medical	ng Phyaician: To tha la Examinar: On the ba	sis of examine	wiedga, daeth tion end/or in	occurred at that vestigation, in my	time, deta and pl y opinion, daath o	ece, and dua to the ccurred at tha tima	ceuse(s) end ma , data and place,	and dua to	eted. tha cause(s)
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To with		30. Name and addrass of person				Print)		07 4	2/2:		
jo	ate		JU, MD 3		HOSPIT	Print)		RE ML	2121		

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25869 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month ess 4b. City, Town, or Location of Deeth ager SV 22 1997 10:00 hrs 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Death e Ave Red Mor If Under 1 Year If Under 24 Hrs. 8. SINAI HUSPITALOF BALTIMORE, 240/ West Belvedere AUR. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Months Deys Hours 1□ M 200 F 83 MARYLAND Yrs 217-38-1762 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. tnside City Limits 1√ Yes 2 No N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3809 CLARKS LA., APT.205 21215 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritei Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify WHITE 3 ☑ Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) CARD MART 10 SALESPERSON 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) BENJAMIN MALIN IDA POLLACK 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MRS. NANCY CARMEL (DAUG.) 3700 BARTWOOD RD. BALTO., MD 21215 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removal from State AGUDAS BNAI JACOB LODGE 8/24/97 ROSEDALE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. NOCLEMENTON BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Fine · Atheroscleratic Cardiovascular Disease disease or condition resulting in death) Due to (or es e consequença of) Due to (or es e consequença of) Due to (or es e consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 X No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one)

**Physician** /Medical Examiner

physician 20

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certificate

8

After Attending

To the

signed to d be det

2

2 attending 955 ð Examiner

Physician/Medical

2

Completed

Be

2

Certification:

Medical

permit. Page Department of Important: If any injury or

**Physician** 

/Medical

Examiner

10e. State

MD

Directo

Funeral

à

Completed

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental trygiene.

ant: If Item 27 is marked other than "natural; or Items 23s or 28s-f show ury or other traumatic event, the Medical Examiner must be notified at

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest

Hypertension

Other: 4 Nursing Home 5 Residenca 8 Other (Specify)

25. Was case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death

5 Pending investigation

6 Could not be determined

Fry

28e. Dete of injury (Month, Dey Year)

28b. Time of

1 Inpatient 2 ER/Outpetlent 3 DOA

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Naturel

2 Accident 3 Suicide

4 Homicide

29a. Certifier

12 Certifying Phyeicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

1 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. 29d. Date signed (Month, Dev. Year)

29b. Signeture end title of contifies

29c. License number

August,

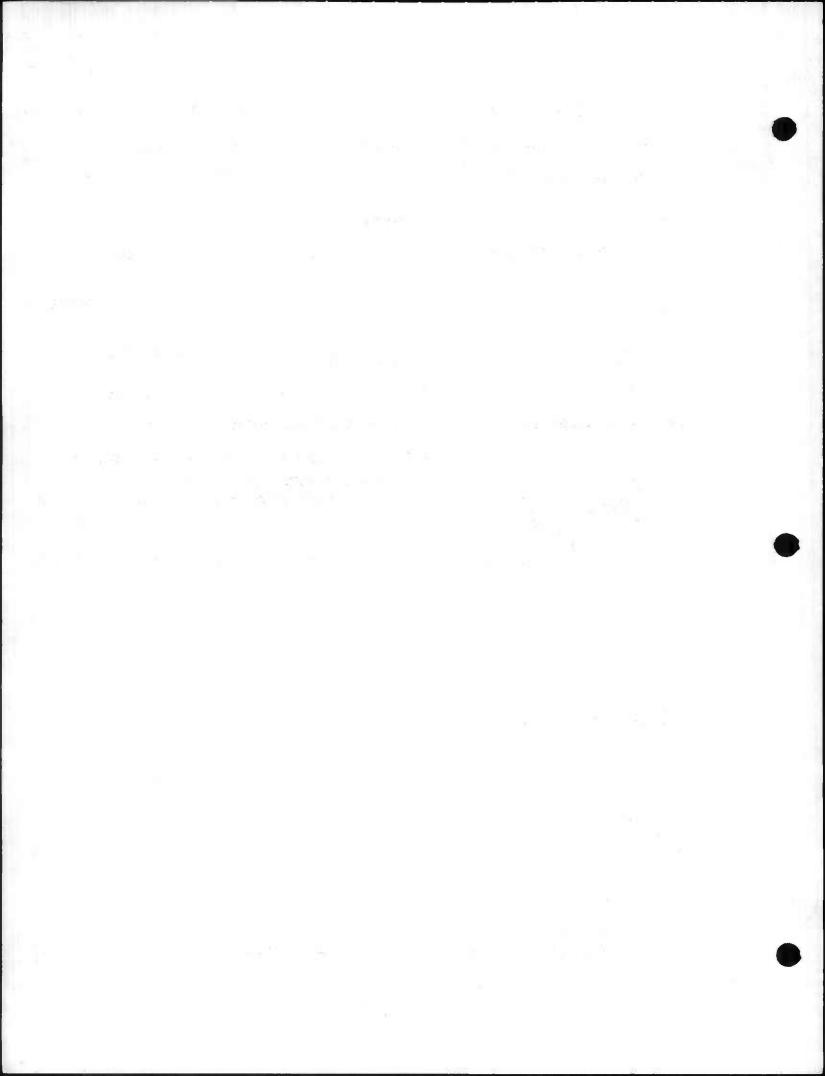
31. Dete filed (Month, Day, Year, State Registrar

30. Name end eddress of person who completed, cluse of deeth (Item 23e) (Type, Print)

den

32. Registrer's Signeture Jula Bairdon

**DHMH 16 Rev 6/95** 



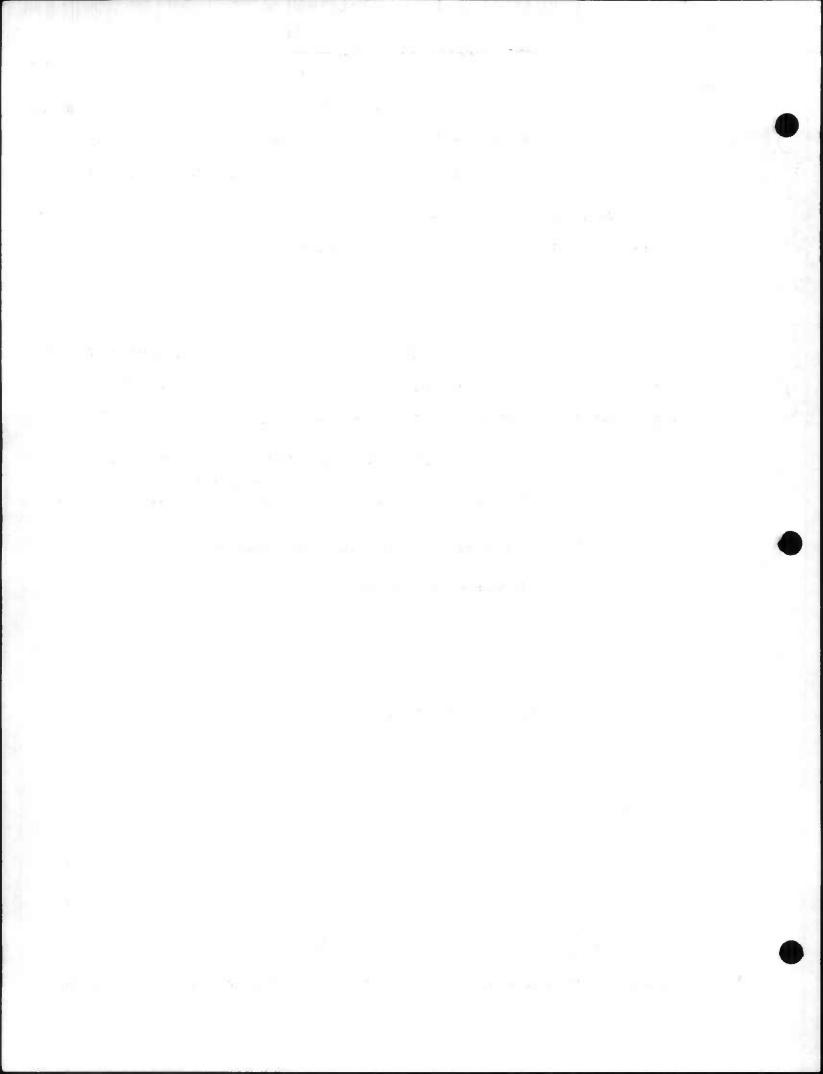
State of Maryland / Department of Health and Mental Hygiene

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						Cei	tificate of	Death			Reg. No.		
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			6614 WICKFIEL	D ROAD				BALTI	MORE	2		BALTI	MORE
	Funeral		5. Sociel Security Number	6. Sex	7. Age (In yrs. I	last birthday)	If Under 1 Yea			8. Dete of Bir (Month, De	th	9. Birth	plece (State or Foreigntry)
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Ma	14	100	MARYLAND BA	LTIMORE			BALTIMO	RE					1 ☐ Yes 2 🔀 N
th th	128	ě	10e. Street end Number				10f. Zip Code				10g. Citizen of	Whet Cou	ntry?
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the d	the	Physician	Pert II. Other significant condition	one contributing to	death but not resu	ilting in the ur	derlying cause g	iven in Pert I.		23b. Dld	tobacco use co	ontribute t	o the cause of deet
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requires	should l	Completed									en eutopsy rmed?	9/	ere eutopsy findings eileble prior to
aw r	S C1	ple											mpletion of cause deeth?
The T	ate he	E								10	Yes 2 No	11	☐ Yes 2☐ No
ü	certificate rector, pa	Be C	25. Was case referred to medical					26 Plece	of Deet	h (Check only o			
Physician: The law requires t	is certific director,	ToB	exeminer? 1 ☐ Yes 271 No	Hospital:	Inpatient 2 1	ER/Outpetlen	3 DOA	ther:		1		her (Cossi	6.1
P. Y	T File		27. Menner of Deeth	28e. Dete		28b. Time of					dence 6 □Otl how Injury occu		(y)
glib	h. After funer	tior	Naturel 5 Pendin	g (Mo	nth, Day Year)	Injury	28c. Inju Wo	ork? ]Yes 2 □ N			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
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6	Dire.	ta	4 ☐ Homicide determ	build	ding, etc. (Specify	)	out, ractory, office	,		City or To		DOT OF FIGH	orribute reamber,
pital	hours inerel ly filled		29e. Certifier Certifyin	= Physician - To th	- h	de des de este							
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				Certific	cate of	Death		Reg. No.		
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	Saint Josep					Tows			Balti	more
	5. Sociel Sacurity Number 220-07-7230  Usuel Residence of Decedent	6. Sax 7. Ag 1 ☐ M 2X☐ F	e (In yrs. last i	Yrs. If U	ndar 1 Yaar ths Days	if Under 24 Hrs Hours Min		h y, Year) 3,1918	9. Birthplac Country MARYI	ce (Stete or Foreign () LAND
	10a. State 10b. County		10c. City, To	wn or Location					100	I. Inside City Limits
Director	MD BALTIM	ORE	BA	ALTIMOR						1 Yes 2 No
al Dire	10e. Street and Number 3800 OLD COUR	T RD.		101	Zip Code 2]	1208		10g. Citizen of V US		/?
by Funeral	11. Marital Status  1 Never Married 2 Merr  3 Widowed 4 Divorced	If Yes Give			acedent of I specify Cub as 2 XNo	dispenic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Red Blac Specify	e - Amarican ck, White, at v:	
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	20e. Method of Disposition  1 ☐ Buriel 2 ☐ Cramation  4 ☐ Donetion 5 ☐ Other (S)		ceme	of Disposition tery, cremetory	or other pla	- 1-	Dete 1/97	20c. Location - BALTIM		
	21. Signatura of Funeral Servica	Licensee				SON & BE				03.000
	23a. Part Enter the disease, or shock, or heert fellure. List	Jew.	the death D			STERSTOWN				21208 oproximate ntervel Between
n I r	immediate Cause (Final disease or condition resulting in deeth)	UPPER	GASTR	OINTES	STINA	L HEMOR			Ö	inset and Death
Examiner	Sequentially list conditions,	F b. HEMORF		GASTF e consequence	,					
edicai Ex	Sequentially list conditions, if eny, leading to immediata cause. Enter Undarlying Ceuse (Disease or injury that initiated events	c	Due to (or as	o consequence	of).					
2	resulting in death) Last	d								
clar	Date Of the Late of the Control of t									
Physiclan/	Pert II. Other significent condition  LEFT VE	one contributing to death b				en in Pert i.				he cause of death? bly 4 Unknown
Completed by							24e. Wes	en eutopsy rmed?	aveile	e eutopsy findings eble prior to pletion of ceuse
omp							1 <b>1</b> (1)	res 2□No	of de	etn7 Yes 2□ No
Be	25. Wes case referred to medica					28 Place of Do	eth (Check only o		I IAL	
0	exeminer?	Hospital:	nt 2 FR	Outpatient 3	DOA Ott	or	eth (Check only o		er (Specify)	
I -	27. Manner of Death  1 Noturel 5 □ Pendin	28a. Date of Inju		Time of Injury	28c. Inju Wo			now injury occur		
Certification:	2 Accident investig 3 Sulcida 6 Could 4 Homloide determ	getion not be Ose Pleas of Isi	ury - At home,	M farm, street, fe	1	Yes 2□No	28f. Location (S	Street and Numb	er or Rural F	Route Number,
	29e. Certifier 1X Certifyln	g Physicien: To the best of	of my knowled	ge, death occur	red et the ti	me, date end plec	e, end due to the	ceuse(s) end me	enner es stet	ed.
edicai	(Check only 2 Medical one)	Examiner: On the basis of end manner ste	examinetion e	and/or Investige	tion, in my o	pinion, deeth occi	urred et the time,	date end plece,	end due to th	ne ceuse(s)
Σ	29b. Signeture end title of period	6			29c. Licens	se number		29d. Dete signe	d (Month, De	ey, Year)
	1/2/	5			D440	80		8/21/4	2	
		ARGA, M. D.				an ===	UCON .			
	C REGULATION	ARGA. M.D.	/ -	20 YOF	/ IC   12   1		WSON, 1	1ARYLAI	AD S	1204



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 1997 Carroll B. Becker August 20, 7:35 P.M. 4e. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Meridian Healthcare Center at Franklinwoods Baltimore County Baltimore If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) Birthpiace (State or Foreign Country) Days 1QM 2□ F Months 218-70-4750 90 Yrs June 15, 1907 Baltimore Co., Md. Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 ☐ No Maryland Baltimore Baltimore County 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4 Torhat Court Apartment L 21221 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, 11. Maritei Status Bleck, White, etc. 1 ∏ Yes 2 ☐ No If Yes, Give Year or Dates: WW ∏ 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No 3 Widowed 4 Divorced White 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Salesman Baking Co. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) William B. Becker Ida M. Storms 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janet Herring(daughter) 4 Torhat Court Apt. L Baltimore, Maryland 21221 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Carrolls Gills Meth. Ch. Cem. August 23,1997 Baltimore, Maryland 21. Signature of Funerel Service Licensee 22. Name end Address of Facility Lassahn Funeral Home, Inc. 7401 Belair Road Baltimore, Maryland 21236—4625 23a. Pert1. Enter the disease, or complications that cabeed the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or es a consequença of): ympHo MA eau Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) that Initiated events resulting In death) Last Due to (or as e consequenca of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? No 3 □ Probably 4 □ Unknown 1 Yes 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy 1 Tes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other. 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner of Deeth
Natural
2 Accident 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of injury - At home, farm, street, factory, office building, etc. (Specify)

/Medical Examiner Examine **Purist** physician Physician/Medical ž ò 8 Š þ 8 Completed page 2 Be Certification: To or Attending Medical

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

28a-f ahow

6 238

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exemples once.

**Physician** 

Baltimore, Maryland 21215-0020

Box 68760

to

Division

To the To the the Medical Examiner must be nothing at

Direct

Funera

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Completed

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the Maryland

death Hame

> 3 ☐ Sulcide 4 Homicide 29a. Certifier (Check only one)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, and due to the cause(s) and menner as stated.

29b. Signature and title of certifier

Medical Examinar: On the basis of examination and/or Investigation, in my opinion, death occurred et the time, date end pleca, end due to the cause(s) and mariner stated.

29d. Date signed (Month, Pey, Yeer)

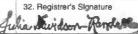
30. Name end eddress of person who completed cause of deeth man 23e) (Type, Print)

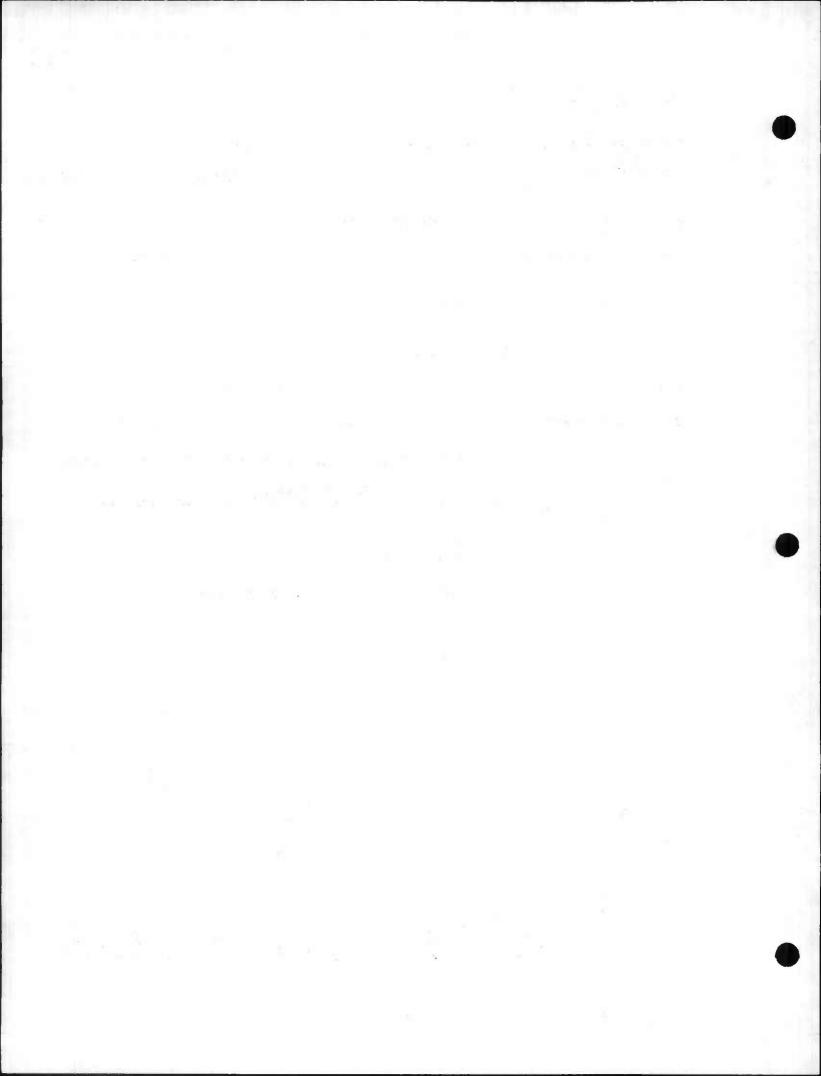
Dr. Valle 1012 North Point Road 31. Dete filed (Month, Day, Yeer)

Baltimore, Maryland

State Registrar

AUG 2 6 1997





te of Maryland / Department of Health and Mental Hygiene	,	9	7	2	5	R	7
Certificate of Death		-	i .	-	U	V	-

							(	Certific	ate o	f Death		Reg. No.	21	2001	J
	Physic /Medi			me <i>(First, Middl</i> e, BRIAN B	Last) OWERS						2. Data of I Month AUGUS	Desth Day	Yaer 1997	3. Tima of D	
	Exami		4a. Facility Nama	(If not institution,	give street and n	um <i>ber)</i>				4b. City, Town, o	r Location of De	ath 4c. Cou	nty of Death		
			AVALON	NURSING	HOME					HAGERS	OWN	W	ASHIN	GTON	
	Funeral Director		5. Social Security 219-66-	3236	.Sax 1∭ M 2□ F	7. Age (In yı		ndey) If Un Monti	der 1 Yee		n. (Month,	Birth Day, Year) 2,1960	9. Birth Cou WES	place (State or F intry) T VIRGII	oreign NIA
	p 2		Usual Rasidance 10a, Stata	of Decedant 10b. County		100.0	City Tourn	or Location						404 1-14-09	
	Maryla a-f sho	ctor	WV	BERKEL	EY			NSBURG						10d. Insida City 1 ☐ Yas 2	
	ath with the Marylar 23s or 28s-f show	al Director	10e. Street and N	umber SECURITY	STREET				Zip Code 2540			10g. Citizan		intry?	
020	72 hours effer death with the Maryland 'natural', or flems 23s or 28s-f show dies! Examiner must be notified at	by Funeral		rried 2 Marrie	Armed F	2 No	u,s.		cedant or pecify Cu	f Hispanic Origin? uben, Mexican, Pue lo <i>Specify:</i>	Specify Yas or I nto Rican, atc.)	No- 14. F E Spe	Rece - Amer Biack, Whita city:		
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21215-0020	d within piene. Then	Completed	Elementery/Sec 12	condery (0-12)		(1-4or 5+)		iifa. DO NO ECHANI		ne during most of w red)	orking	AUTO	MOTIV	E	
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	le short le marraum			Name/Ralationship						et and Number or					
Baltimore,	Pages 1 end ment of Heelt ant: If item 27 ury or other t			sposition  Cramation 3  5 Other (Spe		Steta	cemetery	Disposition (in cramatory of CEME	or othar p	viace)	Deta 8/17/97	20c. Location MARL	OWE,		
Balti	permit. Pages Department of Important: If it any injury or once.		21. Signature of F	Funerel Sarvice Lie	censee .	Droe.	va)	BROW	N FU	ress of Fecility NERAL HON					
1	Physician	i N	23a. Part1. Entar shock, or ha	tha disaasa, or co art failura. List or	empilcations that ly one cause on		-	ot antar tha n	noda of d	ying, such as cerd	ec or raspiratory	arrast,	1	Approximate Interval Batwa Onset and De	
	/Medical Examiner		Immediata Causa disease or condit rasulting in deeth	ion	a	Mul	AND DESCRIPTION	Su	enon	is			1	m	
	D 45	iner				Dau to	101 45 4 00	on looquun co	517.				1		
,	icate be executed physician and s the burial-transit	Examiner	Sequantially list of eny, laading to ceuse. Enter Uno Causa (Disaasa of	conditions, immadiata darlying		Dua to	(or as a co	onsequance	of):						
68760,	E 00	Wedical	that initiated evan resulting in death	ts T	С	Due to	(or es e co	nsequance o	of):						
Box	tte to				d										_
0	the day	Physician/	Part ii. Other sign	ificant conditions	contributing to	death but not re	asulting in 1	tha undarlyin	g ceusa	givan in Part I.	23b. Di	d tobacco use	contribute	to the cause of	death!
S, P.	that ded b	by Ph	_ mu	nutrik	Non	multi	pl	Deart	The	ulcers	_ 1(	∃Yes 2□N	o 3∏Pro	obably 4 🖰 Ur	Know
of Vital Record	aw raquii ss baen s 2 should	Completed										as an autopsy rformed?	8	Vara sutopsy find vsllable prior to ompletion of ceu f death?	-
al R	The ate h										10	Yae 2 19-110	1	□Yes 2□Ne	)
Zit.	Physician: The this certificate rai director, pag	Be	25. Was casa rafa axaminer?	-	Hospitel:					Whor:	eath (Check onl				
of	this ai di	7	1 Yas 2		1	Inpatient 2			DOA		Homa 5□Re			ify)	
ion	offing Path.	ation:	27. Mannar of Dec 1 ☑ Natural 2 ☐ Accidant	oth 5 □ Panding Invastigat		of injury oth, Dey Year)	28b. Tir	ma of iury M	28c. In W	juryst /ork? □Yas 2□No	28d. Dascrib	e how injury oc	curred		

Medical Certificat

29a. Cartifiar (Check only one) Tertifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) and mannar stated.

29b. Signature and titia of certifiar

3 Suicida

4 Homicida

- (Zate mo

6 Could not be datarminad

29c. Licansa number 29d. Data signed (Month, Day, Year) D18019 AUG 15, 1997

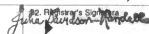
28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

30. Nama and addrass of person who completed ceusa of daath (Itam 23a) (Type, Print)

DR. V. DATTA, 334 MILL STREET, HAGERSTOWN, MD 21740

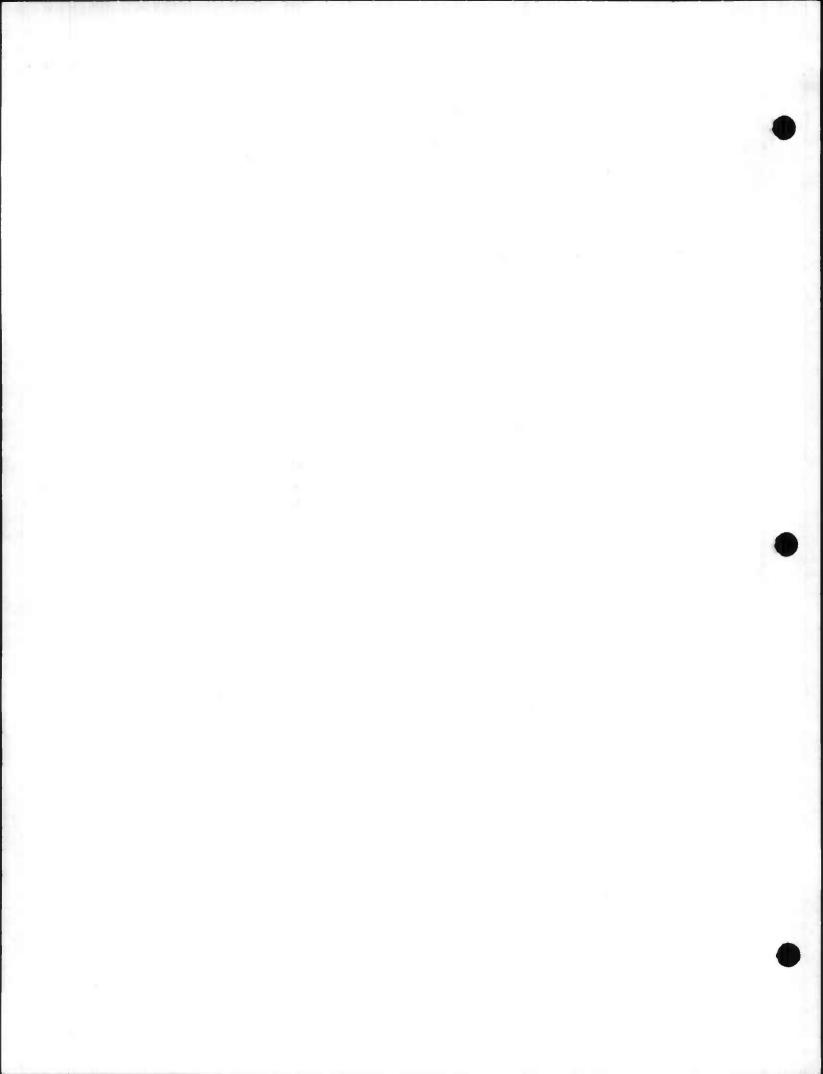
28e. Place of Injury - At home, farm, streat, factory, office building, afc. (Specify)

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 25874

							Ce	rtificate	e of	Death	7		Reg. No.	21	40014
	Physic	ion	1. Decedent's Name (First,	Middle, Li	ast)							2. Dete of De Month		Veer	3. Time of Death
	Physic /Medi			I	inda Mar	ie Cr	awf	ord				AUGUS:	r 23 1	997	10:11 am
	Exami		4a. Fecility Neme (If not inst									ocation of Deat		ty of Deeth	
			Windsor R:					1		Bal		_		/A	
	Funerai Director		5. Social Security Number 212-46-783 Usual Residence of Decede	0	Sex 7. A 1 □ M 2 X F	ge (In yrs. last 50	birthdey) Yrs.	If Under Months	Days	If Under Hours	Min.	8. Date of Bir (Month, De JAN 16	ey, Year)	9. Birth Cou Mary	place (Stete or Foreign intry) Land
	ylend wow		10a. State 10b. Co	unty		10c. City, To	wn or Lo	cation							10d. inside City Limits
	Mar	to	MD B.	alti	imore		Cat	onsvi	110	9					1 ☐ Yes 2 No
	or 28	ire	10e. Street and Number					10f. Zip	Code				10g. Citizen o	f What Cou	intry?
	th wi	ai L	5723 Edmon	dson	n Avenue			21	.228	3			USA		
Maryland 21215-0020	ould be filed within 72 hours efter deeth with the Maryland Maniai Hygiene. arked other than "natural", or items 23a or 28a-f show atic event, the Medical Exercines must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2		12. Was Decedent Armed Forces' 1  Yes  If Yes, Give Year or Dates:	?		Was Deced if Yes, spec 1 Pes 2		lispenic Or an, Mexica Specify		pecify Yes or No Rican, etc.)	0- 14. Re Bl		
Õ	2 ho	B	15. Dec	edent's E	ducation	16	Sa. Dece	dent's Usua	l Occup	ation			16b. Kind of	Business/Ir	ndustry
215	thin 7	Completed by	(Specify only fi		rade completed)  College (1-4or	5+)	(Give	kind of wor DO NOT us	k done e retire	during mos d)	st of work	ring			35.0
7	ed withir ygiene. er than t, tre H	S	10				Day	Car	e I					1d C	are
n n	be filled htal Hygid od other event, I	0	17. Father's Name (First, Mid		*					18. Moth	er's Nam	e (First, Middle	, Meiden Sume	me)	
3	should by	2			ifton Fr								Mary J		
Ma	12 sh h end h end r is rr		19a. Informent's Name/Rela Donna Jo Lank:										er, City or Tow		
e,	Healtl			LOLU	daugnter			Sition (Nem		ry Ko	1. 1/4		timore,		
altimore,	permit. Peges 1 and 2 should be Department of Health and Menta Important: if Item 27 is marked any Injury or other traumatic as once.		20e. Method of Disposition  1 Burial 2 Crema 4 Donation 5 Oth	er (Speci	fy)	ceme	te <i>ry, cr</i> er O Cr	netory or ot emato	ry,	Inc.		5/97	Baltir		
Bal	Depar Impor any in		21. Signature of Funeral Sep	CDon	E mald		C	Name end remat: 99 Fr	ion	Soci	ety	of Mary	land, l	nc.	Ω
			23a. Pert1. Enter the diseas shock, or heert failure.	e, or com List only	plications thet ceuse one cause on each li	d the death. D	o not ent	er the mode	of dyir	ng, such as	cerdiac	or respiretory e	errest,	- La La Ca Ca C	Approximate Interval Between
9	Physician /Medical		Immediate Ceuse (Final			0								i.	Onset and Death
	Examiner		disease or condition resulting in death)		a	7.0	LPS	0							days
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ŕ	anse in an rightn	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events			Due to (or as	a consec	uence or):						1	
68/60,	cate be a physician if the burla	cai	Ceuse (Disease or Injury that initieted events	1	C	Due to (or as a	a consea	uence of):							
×	ding ding se as	n/Medical	resulting In death) Lest	L	d			doi:100 01).							
. 100	the state	Physician/	Part II. Other elgnificant cor	ditione o	contributing to death h	out not resulting	in the u	nderlying ca	use niv	en in Part	1	23h, Did	tobacco uee c	ontribute	to the cause of death?
5	100	, h	0 . 1	. 1					acc giv	on any art					obabiy 4 ☐ Unknow
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Records,	been s should	Completed	Systemic	ly	pro en	Horas	net	mo					an autopsy omed?	a	Vere eutopsy findings vailable prior to ompletion of ceuse f death?
	o 4 %	mo:	Non in a	in	done	dont	-	15 also	10	4		1 🗆	Yes 2 No	1	☐Yes 2☐ No
VIII		Be C	25. Was cese referred to me	dical				A OFTER		26. Place	e of Deet	h (Check only	one)		
01	5 20	To	examiner? 1 ☐ Yes 2 No		Hospital: 1   Inpatio	ent 2 ER/0	Dutpatien	t 3 DO	A Oth	er: 420 Ni	ursing Ho	ome 5□Resi	dence 6 🗆 O	ther (Spec	ify)
0			27. Manner of Death 1 Natural 5 □ Pe	endina	28a. Date of Inju (Month, De	y Yeer) 28b	. Time of	28	Bc. Injur Wor				how Injury occu		
20	Attending or death. sctor: Afte by the fund	cati	2 ☐ Accident inv	estigation				М	1 🗆	Yes 2□	No				
DIVISION	after d Direct Direct d in by	Certification:		termined	28e. Place of in	jury - At home, c. <i>(Specify)</i>	farm, str	eet, factory,	office				Street end Num wn, Stete)	iber or Rui	ral Route Number,
2	pital ports a		20-0-17-												
	Fun Fun	edicai	29a. Certifier 1 Cert (Check only 2 Med one)	irying Ph Icel Exar	nyelcian: To the best miner: On the besis of end manner st	f examination a	ge, death ind/or inv	occurred e restigation,	t the tin in my o	ne, date ar pinion, dec	nd plece, eth occur	end due to the red et the time,	ceuse(s) and n date and place	anner as	stated. to the ceuse(s)
1	within To the comple	M	29b. Signature and title of ce	rtitjer	end manner su	ateg.		29c.	Licens	e number			29d. Dete sign	ed (Month	Dev. Year)
	1.5.		1/1/16	dos	my AND						357	1	A		
1	100		30 Name and address of		70	double flags	\	Datas and	رے	4	- 101	1	1	2	5,1997
1	100		30. Name end eddress of per	son who	completed cause of d	eath (Item 23a	) (Гуре,	erint) 3.	320	PW	TKe	W Th	have .	suite	302
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	Sta Registr	_	31. Date filed (Month, Day, Y AUG 2 6 1997	, = ,	a Davids	ars Synappa	Tiles .								



State of Maryland / Department of Health and Mental Hygiene

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							Cei	rtificate (	of Dea	th		Reg. No.			
	Discorde		1. Decedant's Nam	e (First, Middle, La	st)			7			2. Data of Da Month		Year	3. Tin	na of Death
	Physic /Medi		Luce: 1	le Cor	deiro						8	15	1997	0	324
	Exami		4a. Facility Nama (			nber)			4b. City,	Town, or Lo	ocation of Deat	4c. Cou	nty of Death		
			umm	5					(3	salti	more				
	Funeral		5. Sociel Security N		ex □M 20%7F	7. Aga (In yrs.		tf Undar 1 Y	aar if Un	dar 24 Hrs.	8. Data of Bir (Month, Da 12/11/	th v. Yeer)	9. Birth	placa (St	ata or Foreign
	Director		206-38-8	159	LIM ZULF	49	Yrs.				12/11/	47	Harr:	iśbu	rg, PA
	and	-	Usuai Rasidanca of 10a. Stata	10b. County		10c. City	y, Town or Lo	cation						10d. Insid	de City Limits
	ith the Marylar or 28a-f show	ō	PA	Cumberl	and	Low	er All	en Tow	nship						Yas 20 No
	the notif	Director	10e. Street and Nu	mber				10f. Zip Co				10g. Cltizan	of What Cour	ntry?	
	3a o		7 Walnut	Lane, C	amp Hill	L		1701	1			USA			
	items 23a	Funeral	11. Maritai Status		12. Wes Dece		S. 13.	Wes Decedent	of Hispanic	Orlgin? (Sp	ecify Yes or No		tece - Americ		en,
020	# PE	by Fu	1 Nevar Merri	ied 2 Married	Armad For 1 Tyes If Yas, Give Yeer or Da	2 <mark>∏</mark> No		f Yas, specify 0 1 □ Yas 2]☑			rican, atc.)		llack, Whita, city: whit		
21215-0020	72 hours "natural",			15. Decedant's Ed			16a. Deced	dant's Usuai O	cupation			16b. Kind of	Businass/In	dustry	
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yla	2 should be filed within and Mental Hygiena. Is marked other than sumatic event, the M	2	Luther F	E. Shoop						Zita	da FeHa	rper			
Maryland	2 sh and Is m		19a. Informant's Na Elizabeth	ame/Relationship	*						ai Routa Numb		vn, State, Zip	Code)	
	other tr				3110	noh D				апр н	ill, PA			0.	
10			20a. Method of Disp	position Cremation 3	Ramoval from S		amatary, crar	sition (Nama o natory or other	placa)	ŀ	Data	20c. Locatio	n - City or To	own, Stal	te
Baltimore,				5 Other (Specify		Eas					8/20/97	Harri	sburg,	, PA	
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	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in t	edical	(Check only one)	2 Medical Exam	iner: On the bas and menne	sis of examinat	ion and/or inv	astigation, in r	ny opinion, d	death occurr	ed at tha tima,	data and plac	e, and dua to	o tha cau	ISO(S)
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Julia Davidson Randoll

State

Registrar

31. Data filed (Month, Day, Year)

AUG 26 1997

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 25876 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month ANNA MARIE CLINGMAN AUGUST 24, 1997 10:30 AM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Saint Joseph Medical Center Baltimore Towson If Under 1 Year if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpleca (State or Foreign Country) Months Days Hours 1 □ M 2 🗓 F Yrs 212-36-6727 2/4/16 MARYLAND Usual Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 No BALTIMORE TOWSON 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 8309 THORNTON ROAD 21204 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ₹ No If Yes, Give Year or Dates: 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 DXNo Specify. Specify: 3€Widowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN\_HOME 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) BENJAMIN FRANKLIN **GARVER** MARY MARIE RUSSELL 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) **EVELYN MARGA** SISTER 8309 THORNTON ROAD TOWSON, MD 21204 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Mag Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) DULANEY VALLEY MEM. GAR. 8/25/97 COCKEYSVILLE, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death ACUTE INFERIOR MYOCARDIAL INFARCTION Immediate Ceuse (Final MINUTES disease or condition resulting in death) Due to (or as a consequence of): SEPSIS HOURS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) CONGESTIVE HEART FAILURE YEARS Due to (or es e consequenca of) d LEFT ABOVE KNEE AMPUTATION YEARS Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CHRONIC ATRIAL FIBRILLATION 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? DEMENTIA 1 ☐ Yes 2 No 1 ☐ Yes X No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

🛣 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and placa, and due to the cause(s) and manner steted.

29c. License number

25886

29d. Date signed (Month, Day, Year)

TOWSON, MARYLAND 21204

Physician /Medical Examiner Box 68760. P.O. Records, Vital of Division

sician and buriel-transit that the death certificate be executed physician the bune 98 esn signed by the a requires page 2 Hospital or Attending Physician: 4 hours efter death.
Funeral Director: After this certifica director. funeral in by

**Physician** 

/Medical

**Examiner** 

10a, State

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28a-f show

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Certification:

Pages 1 and 2 should be filed within 72 hours after death with the Maryla nent of Health end Mental Hygiene. Int: If Item 27 is marked other than "natural; or fiems 23a or 28a-f show my or other traumatic event, the Modical Examiner must be not the distinct of the modical Examiner must be not the distinct or other traumatic event, the Modical Examiner must be not the distinct as

important: if item 27 any injury or other to

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To the Funeral Di

LILIA CEBALLOS, 31. Dete filed (Month, Day, Year) AUG 2 6 1997 State Registrar

Neturel

2 Accident

3 Sulcide

29a, Certifier

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29b. Signeture end title of cartifier

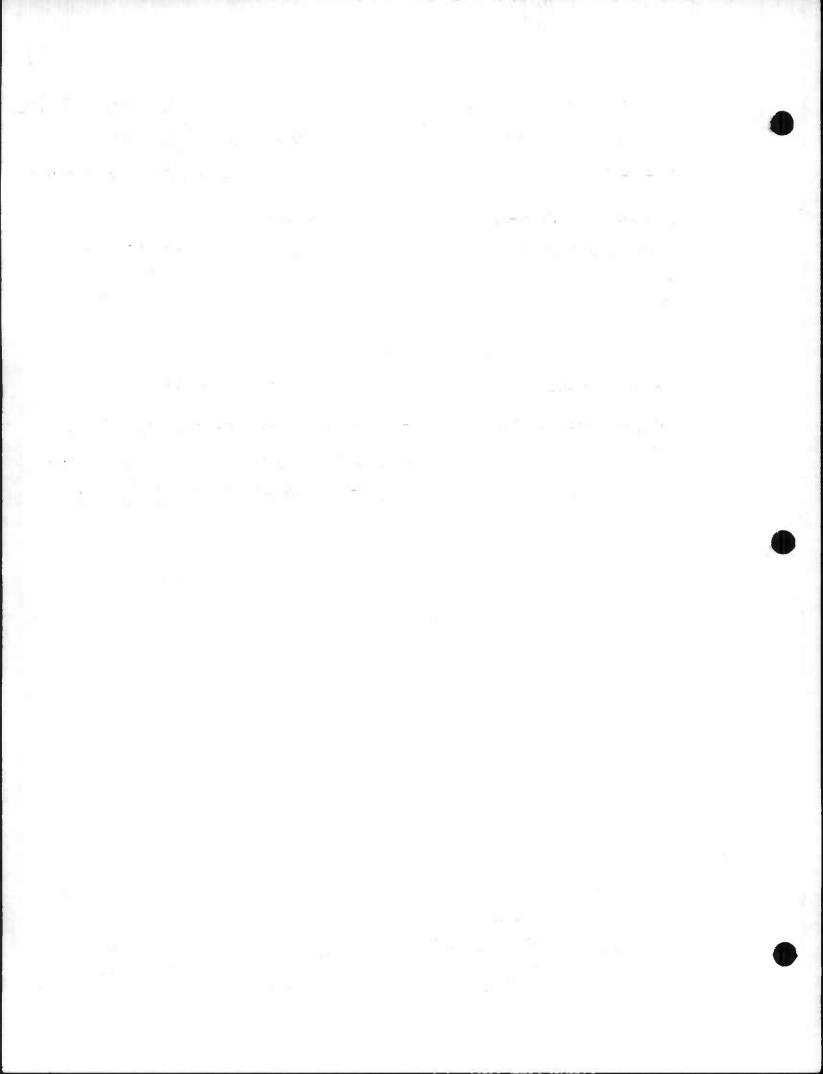


30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

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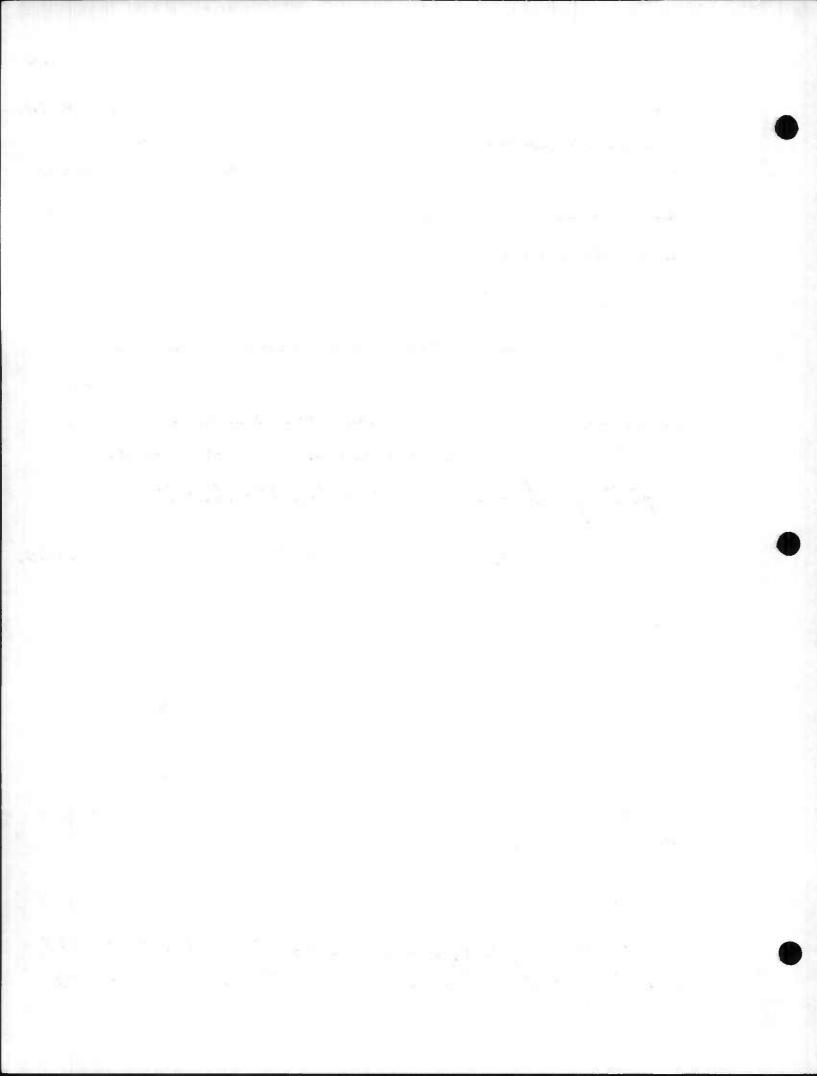
State of Maryland / Department of Health and Mental Hygiene 97 25877

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State of Maryland / Department of Health and Mental Hygiene

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25879 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death LUCY DAMICO M. A46457 1210 4e. Feclify Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Church Home Hospital Baltimore If Under 24 Hrs. 8, Dete if Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) Deys 1□M 25 F Months Hours Min. Yrs. 219-28-5013 65 7-28-1932 Maryland Usuel Residence of Decedent 10e. State 10c. City, Town or Locetion 10b. County 10d. Inside City Limits n/a Baltimore 1 XYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21224 3409 E. Pratt Street USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Year or Detas: 11. Maritel Status Wes Decedant of Hispenic Origin? (Specify Yes or No-il Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specity: Specify: White: 3 Widowed 4 □ Divorced 16e. Dacedant's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) Collega (1-4or 5+) Homemaker In own Home 12th 17. Fether's Neme (First, Middla, Lest) 18. Mothar's Nama (First, Middle, Malden Surname) Nicola Dileo Mary DiMartino 19e. Informant's Neme/Reletionship (Type, Print) daughter 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Donna Gossage 1004 Towson Drive Abingdon, Md.21009 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete 1 Buriai 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cemetery 8-25- 97 Baltimore, MD. 21. Signeture of Funeral Service License 22. Name end Address of Fecility Joseph N. Zannino Jr. Funeral HM. 263 S. Conkling St. Baltimore, Maryland 21224 area 23e. Pert1. Enter the disease, or complicators that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Batween Onset end Death Uterine Cancer with metastasis Immediate Cause (Final may diseese or condition resulting In death) Due to (or as e consequence of) Sequentially list conditions, if eny, leeding to Immediete cause. Enter Undarlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or as e consequence of). Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings availabla prior to completion of cause of death? 24e. Wes an autopsy performed?

**Physician** /Medicai Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

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natural

el Hygiene.

permit. Peges 1 and 2 should be file Depertment of Health and Mentel Hy Important: If Item 27 Is marked oth any Injury or other traumatic event ance

Director

Funeral

Completed by

Be

MD

traumatic event, the Medical Examiner must be notified at

with the Maryland

death items :

filed within 72 hours efter

21215-0020

Baltimore, Maryland

Examiner ettending physiclen for use as the bune Physician/Medical signed by the e þ Completed has certificate Be Certification: To this After efter death. the 6 filled In 24 hours e

The law requires that the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

or Attending Physician:

Hospital

To the Hosp within 24 hor To the Fune completely fi

h 25. Wes case raferred to medical exeminer?

1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Dother (Specify) TCU

Hospital: 1 Yes 2th No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Date of Injury (Month, Day Year) 27. Mannef of Deeth 28b. Time of 28c. Injury et Work? 1 Neturel

bul . Sugaling

28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State)

28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a, Certifier

29b. Signeture end title of certifier

2 Accident

3 Suicide

(Check only

- Majario hu

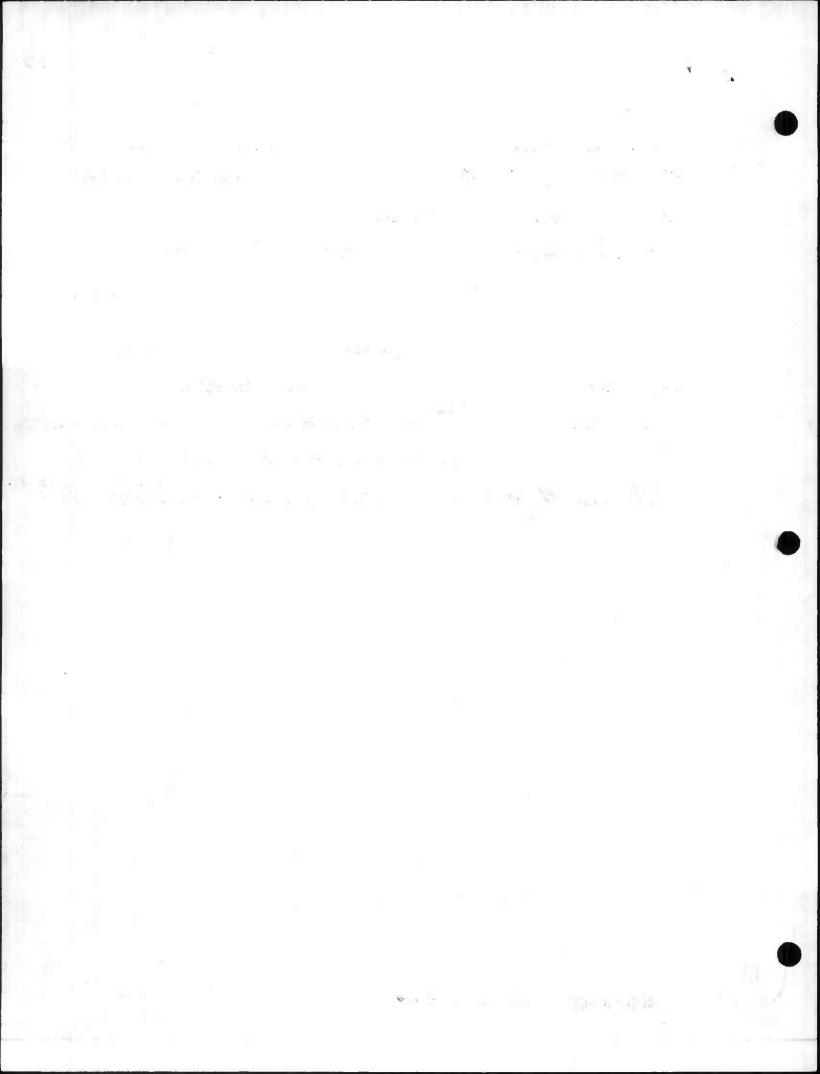
1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end menner steted. 29d. Dete signed (Month, Day, Year) 29c. License number

30. Nema and address of person who completed cause of deeth (Itam 23a) (Type, Print)

WENEUSA NAVARRO, MD. 100 N. BROADWAY A. Repay de Signa yande

State Registrar

edicai



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month 1997 AUG. 23 CONSTANCE ELIZABETH DELEE 6:15 P.M. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3605 KELOX ROAD LOCHEARN BALTIMORE If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Year) 7. Age (In yrs. lest birthday) If Under 1 Year 5. Social Security Number Birthplace (Stete or Foreign Country) **Funeral** Days 1□M 20F 59 Yrs Director 212-34-4057 12/17/37 MARYALND Usual Residence of Decedent with the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director BALTIMORE LOCHEARN 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 238 3605 KELOX ROAD death Funeral 21207 USA 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pagas 1 and 2 should be filed within 72 hours after on nant of Health and Mental Hygiena.
ant: If Item 27 Is marked other than "natural", or Item ury or other traumatic event, it a Mental Examinal. 1 Yes 2 No if Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☑ Divorcad WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 12th GRADE Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be WILLIAM THOMAS MARKLAND MYRTLE G. THOMAS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MYRTLE MARKLAND IER 3939 ROLAND AVENUE #617 BALTIMORE, MD 21211
20b. Place of Disposition (Name of cemetery, crematory or other place)

Deta 20c. Location - City or Town, State MOTHER Baltimore, 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) METRO CREMATORY, INC. 8/26/97 CATONSVILLE, MD 21. Signature of Funeral Service Licenset 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286

Towson, MD 21286

Towson, MD 21286

Towson, MD 21286

Towson, MD 21286

Towson, MD 21286

Towson, MD 21286 Approximate Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be asscuted bunial-transit Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disaesa or Injury that initiated events resulting in death) Last and Due to (or es a cen Box 68760 physician Physician/Medical tha Due to (or as a consequence of): attending tha . Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? O signed by the 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown ۵ g Records. 24b. Were autopsy findings eveileble prior to completion of ceuse of daath? 24a. Wes an autopsy performed? Completed peeu has certificata 1□ Yes 2 No 1 ☐ Yes 2 XNo of Vital Attending Physician: 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Aftar 5 Pending Investigation Division Natural 1 ☐ Yes 2 ☐ No death. 2 Accident after death Director: 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, straat, factory, offica building, etc. (Specify) à 4 Homicida 24 hours a fet Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai fo the within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Nama end/address of person who completed cause of death (Item 23a) (Type, Print) JOYCE Y. GROSS 20 CROSS ROADS DRIVE SUITE 12 OWINGS MILLS, MD 21117

32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

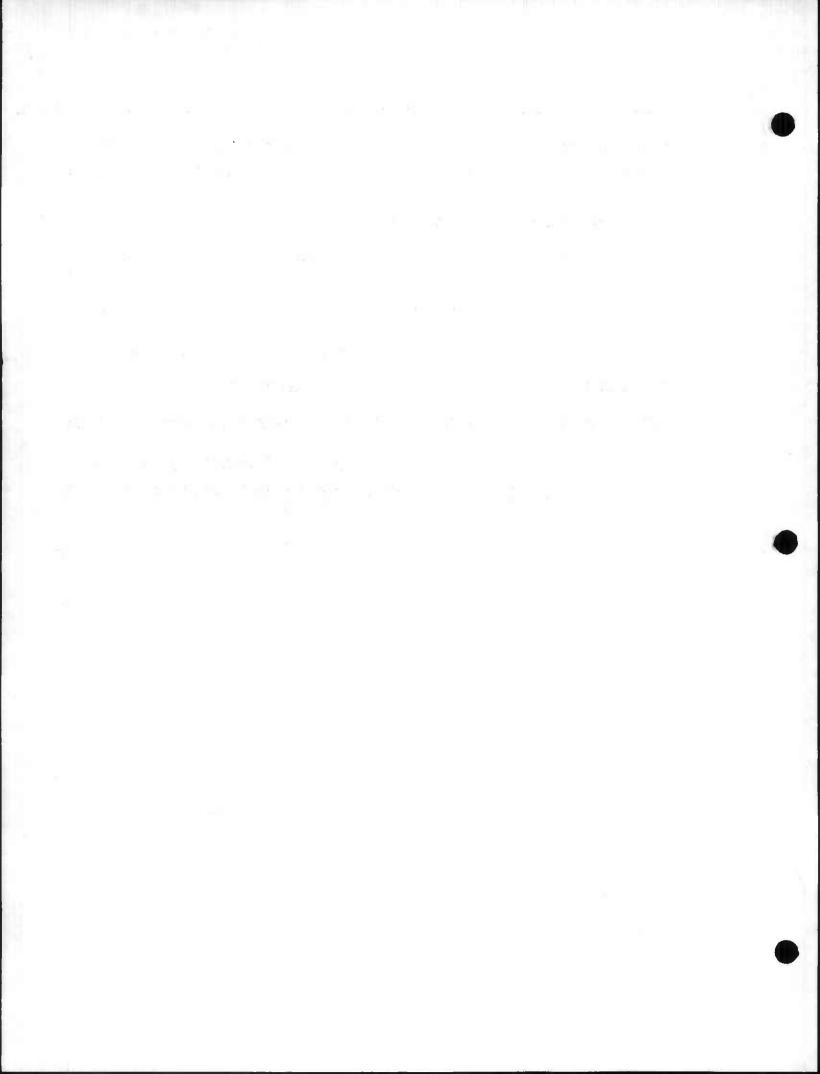
31. Date filed (Month, Dey, Year)

AUG 2 6 1997

State of Maryland / Department of Health and Mental Hygiene 97

97 25881

					Cert	tifica	te of l	Death		Reg. No.		.0001
Dhusia	,	1. Decedent's Name (First, Midd	le, Last)						2. Date of De	ath Day		3. Time of Death
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Exami		4e. Fecility Name (If not institution		er)				b. City, Town, or				0.40 F.M
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Funeral		GOOD SAMARITA  5. Social Security Number	6. Sex 7.	Age (In yrs.	last birthday)		r 1 Year	If Under 24 Hrs	8. Date of Bir	th	9. Birthplac	e (Stete or Foreign
Director		216-28-5595 Usuel Residence of Decedent	1⊠M 2□F	67	Yrs.	Months	Days	Hours Min.	(Month, De 4/8/3	BO Year)	MARYL MARYL	
nous after dash with the Maryland lural', or flems 23s or 28s-1 show at Examiner must be notified at		10a. State 10b. County		10c. Cit	y, Town or Loc	ation					10d	. Inside City Limits
문결	to	MD BALT	IMORE		BAYNESV:	TITE						1 ☐ Yes 2 ☐ No
a or 28a-f show the notified at	Director	10e. Street and Number	Irons		MINES V.		p Code			10g. Citizen of	What Country	n
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182	era	8724 LACKAWANN	12. Was Decede	nt Ever in U.	.s. 13. W	as Dece		234 ispenic Origin? (S	pecify Yes or No	- 14. Rac	USA ce - American	Indian.
al', or flems 23a Examiner must t	Funeral	1 ☐ Never Married 2 ☐ Mar	Armed Force	s?	lf '	Yes, spe	cify Cuba	ispenic Origin? (S n, Mexicen, Puer	to Ricen, etc.)	Bla	ck, White, etc	
0,1	by	3 ☐ Widowed 4 ☐ Divorced				☐ Yes	2 No	Specify:		Specif		
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	Completed	(Specify only highe	st grede completed)		(Give k	ind of wo	ork done d	during most of wo	rking	Too. Nate of o	40111004111000	n. y
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The state of		12th GRADE 17. Father's Neme (First, Middle,	Last)		1 11	WITHI	MULL	18. Mother's Na	me (First, Middle			-
7 la marked othe traumatic event,	o Be	JOHN DIMARTING	)					GRACE			,	
marked matic e	10	19a. Informant's Name/Relations			10h Mailine	A ddena	n /64m a4	and Number or R		or Oh. or Town	Ota 1 7 0	- d-1
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itam 27 other tra		JOYCE DIMARTIN	NO	WIFE	lace of Disposi			NNA AVEN		IMORE,		.234
= 0		1 ■ Burlal 2 □ Cremetion	3 Ramoval from Sta		emetery, cremi	etory or	other plec	e)	Dete	20c. Location	- City or Town	, Stete
ortant: injury		4 Donation 5 □ Other (S	(pecify)	PA	RKWOOD	CEM	ETER	Y	8/25/97	BALTIM	ORE, M	ID
Important: If any injury or once.		21. Signeture of Fugeral Service	Licensee		22.	Name a	nd Addres	s of Fecility				
5 = 3		Christuc	1. Kop 6	uss	JOE	HNSO	N FU	VERAL HO	ME 8521	LOCH R	AVEN B	LVD.
77-1		23a. Pert1. Enter the disease, or shock, or heart failure. List	complications that caus	ed the death	n. Do not enter	r the mod	de of dying	g, such as cerdia	or respiratory a	rrest,	A	pproximate
sician		SHOCK, OF HEART ISSUE. CISE	only one cause on each	i iiie.							O	iterval Between Inset end Death
ledical		immediate Cause (Final		mn.	me l	112	tu	DIE	0000		1	cun
aminer		disease or condition resulting in death)	a				my	2/13.	cuse			2 /00
	ē			Due to (o	r as a consequ	ience or):	•				1	
physicien end s the buriel-transit	Examiner		b	Due to (e		,,,,					1	
n en	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (o	r as a consequ	ence or):	,					
sicie bur		Ceuse (Disease or Injury thet initiated events	c	5								
s the	edicai	resulting in death) Last		Due to (or	as a conseque	ence of):					1	
ding pl	조		d									
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the	ysk	Pert II. Other significant condition	ons contributing to death	but not resu	ulting in the und	derlying	ceuse give	en In Part i.	23b. Did	tobacco uae co	ntribute to th	ne cause of death?
been signed by the attend should be detached for us									10	Yes 2□ No	3 Probab	oly 4 Unknown
be	by										Т	
onlo	Completed								24a. Wes	en eutopsy rmed?	availa	autopsy findings able prior to
00 CA	pie		-								of dea	eletion of ceuse ath?
ate he	, o								10	Yes 2 No	1 🗆 Y	es 2540
certificate rector, pag	Be	25. Was cese referred to medice	ı					26 Piece of Dec	ath (Check only o			
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을 교		27. Manner of Death	28a. Dete of Ir	njury	28b. Time of		28c. Injury Work		1	how Injury occur		
After	Ę.	1 ☑ Natural 5 ☐ Pendir 2 ☐ Accident investi	3	Day Year)	Injury	М		(? Yes 2 □ No				
otor y Th	Certification:	3 ☐ Sulcide 6 ☐ Could	not be	Injury - At ho	me, farm, stree	et. factor	v office		28f. Location (	Street end Numb	per or Rurel R	loute Number
5	T e	4 Homicide		etc. (Specify		ot, idetor	y, oo		City or To			out i vaniou,
10		29a. Certifier 12 Certifyir	Bhysiolen. To the hor	at of my lines	uladas dasti s							
11	edical	(Check only 2 Medical	g Physician: To the bes Exeminer: On the basis end manner	of examinat	wiedge, death o ion and/or inve	stigation	at the tim In my op	e, date and piece pinion, death occu	rred at the time,	cause(s) end ma dete and place,	anner as state end due to the	d. e cause(s)
d d	N N	29b. Signetare and title of certifie		Steted.		20	c. License	numbor		20d Data since	d (Manth Da	Vocal
8 4	-	Digital and this of centre				29				29d. Date signe		
ı I		May 17 Co	my				1)	-12550		8/2	2/57	)
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Sta	ite	31. Date filed (Month, Dey, Year)	32. Regis	strar's Signal								
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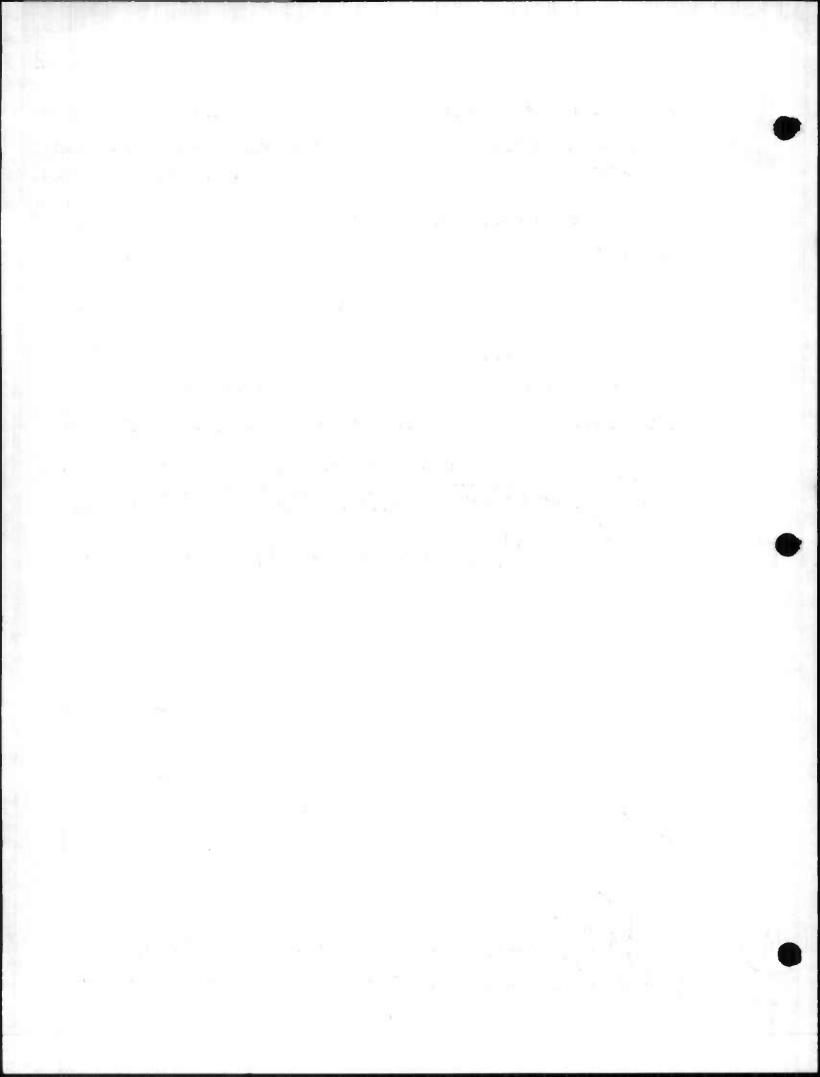


State of Maryland / Department of Health and Mental Hygiene 9.7

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/Medic	al	FRANCES , KINNE 4e. Facility Nama (If not institution, give		MANN			4b. City, Town, or	Aug			10:10PM
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Funeral Director		5. Social Security Number 6. S		ge (In yrs. las	st birthday) Yrs.	if Under 1 Yeer Months Deys	if Undar 24 Hrs	8. Date of Bir	th ay, Year) -1907	9. Birthpie	ca (Stete or Foreig
P		Usuel Rasidanca of Decedent							-		
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the Maryla 28a-f shon not the st	Director	MD PRINCE (	GEORGES	M	LTCHE	LLVILL	E				Yas 2 No
E 0 8	rai Dir	3800 LOTTSFORI	O VISTA	ROAD		10f. Zip Code 207	21		10g. Citizen of \	Whet Countr USA	у?
urs a	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Decadant Armed Forces' 1  Yas 2 If Yes, Give A Yeer or Datas:	? No		Ves Decedent of Yas, specify Cut	Hispanic Origin? (S ban, Mexicen, Puer Specify:	Specify Yas or No to Rican, etc.)	Specify	ce - Amarica ck, White, et	tc.
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th and Mental Hyg 7 is marked othe traumstic event,	10	19a. Informent's Name/Relationship (7			10h Mailin	a Address (Street	et end Number or R			State 7in (	Code)
27 is me		JOHN F. ERDMAN	,		1591	_	N MANOR				
2 2 5 5		20e. Method of Disposition	NIN	20b. Ple	ce of Dispos	sition (Neme of		Dete Dete	20c. Location -		
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permit. Pag Department Important: I any injury o		21. Signal Inerel Service Licen	·	GEC	RGET	OWN ME	D SCH . 8	-25-97	WASHIN	IGTON	, D.C.
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Physician /Medical		Immediete Ceuse (Finel	NA	0	10	15.	16	1			
Examiner		diseesa or condition resulting in deeth)	· Ath	ulle	till	en hu	ann 1	men	_		127
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n and sal-tre	Exa	Sequentially list conditions, if any, leading to immediate		Due to (or e	es e consequ	dence of):					
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this all dir	2	10 165 22 140	1 L Inpati		R/Outpetient	3LI DOA		Home 5 Resi			)
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r death. ector: Affe by the fune	cat	2 Accident Investigation 3 Sulcide 6 Could not be					Yes 2□No		(0)		
Direc Direc I in by	Ē	4 ☐ Homicide determined	28e. Place of In	ijury - At hom tc. <i>(Specify)</i>	ie, ferm, stre	et, fectory, office	)	City or To	(Street end Numb wn, Stete)	ber or Rurel	Route Number,
4 hours after death. Funeral Director: After taly filled in by the fune.											
The state of the s	edicai	29a. Certifier (Check only one)  1 Certifying Phy 2 Medical Exam	reicfan: To the best iner: On the basis of	of exeminetion	edge, deeth n end/or inv	occurred et the t estigetion, in my	ime, dete end place opinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end me dete end place,	enner es ste and dua to t	ited. tha ceuse(s)
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	1	30. Name and eddress of person who o	completed cause of	deeth (item 2	Α		ic al	1 In. 1		27 117	16
		Many J. He	Whom M	4) ()	NO H	hrowa	" NC	CAN		v) Col	-0
State Registra	e ar	31. Dete filed (Month, Day, Yeer) AUG 2 6 1997	Sulta	rers Signatu	Pande	2					

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 97 25883

						Certificate o	f Death	R	leg. No.	1	20000
	Dhuala		Decedent's Name (First, Mid					2. Date of Dee	th	Voor	3. Time of Death
	Physic /Medi		Emma Foard Eva	ns				August	24, 199	9 <sup>7eer</sup>	6:15 PM
į.	Examlı	ner	4e. Facility Neme (If not instituti	ion, give street end number,			4b. City, Town, or Lo	ocation of Deeth	4c. County	of Death	
L			Manor Care Rux  5. Social Security Number			thdev) If Under 1 Ye	Ruxton er   If Under 24 Hrs.	O Date of Bird		imore	
	Funeral Director		213-38-5659 Usual Residence of Decadent	1 M 2√2 F	ga (In yrs. last bii 94	Yrs. Months De		8. Date of Birth (Month, Dey Sept.16			lace (Stete or Foreign try) s,Maryland
	yland		10a. Stete 10b. Coun	•	10c. City, Tow	n or Location				1	0d. Insida City Limits
	e Me	cto	Maryland Bal	timore Co.	Ruxto	n					1 ☐ Yes 2 No
	or 2	Director	10e. Street and Number			10f. Zip Code	9	1	log. Citizen of \	What Coun	try?
	s 23s	je aj	7001 North Char		E 110	2120			United		
21215-0020	be filed within 72 hours effer death with the Meryland ntal Hygiene.  Id other than "natural", or items 23s or 28s-f show event, the Medical Exeminer must be notified at	by Funeral	11. Marital Stetus  1 □ Never Married 2 □ Me 3 ☑ Widowed 4 □ Divorce	H Von Cino		If Yes, specify C	of Hispenic Origin? (Spuben, Mexican, Puerto lo Specify:	Rican, etc.)	Blee	e - Americ ck, White, V: Whi	etc.
5-0	72 hc	Completed	15. Decede	ent's Education lest grede completed)	16e.	Decedent's Usual Occ	cupation	ina	16b. Kind of B	usiness/Inc	lustry
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7	filed within Hygiene. ther than and, the Me		17. Fether's Name (First, Middle	04	- 0	ar grade si	18. Mother's Nem				J. SCHOOLS
Maryland	should be filed nd Mental Hygin marked other Imatic event, II	Be c							weiden Sumen	18)	
N.	2 should be and Mental 5 marked o	2	John B. Foard,		196	. Mailing Addrass (Stre	Mina Beva		r. City or Town	State Zin	Code)
	27 T		Raymond L. Evan	ns.Jr. (Son)		488 Grandy:			l, Mary		
ore,			20e. Method of Disposition		20h Place 0	Disposition (Neme of	T		20c. Location -		
m	Peges nent of h int: If ite ury or of		1 ⊠ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	3 □Removal from State (Specify)		ood Cemeter		/28/97	Raltim	ore i	Maryland
Baltimore,	permit. Pege Department of Important: If any Injury or 2002.		21. Signature of Funeral Service	Jeffrey	L. Gai	22. Name end Add	dress of Fecility Ruc	ck Towso	n Funer	ral H	ome, Inc. Md. 21204
	,-		23a. Pert1. Enter the disease, shock, or heert failure. Li	or complications that cause	the deeth. Do	not enter the <i>m</i> ode of c					Approximate Interval Between
	Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death)	o Acu	TE M Due to (or as a	YOCAR consequence of):	DIAL	INFA	ARCT	ION	Idey
90,	cete be executed physician and the buriel-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disaese or Injury	J	Due to (or as e	consequence of):					
Box 68760,	5 00	n/Medical	thet initiated avants resulting in death) Last	d	Due to (or es a	consequence of):					
	death ce	Physician/	Part II. Other significant condit	ions contributing to death h	ut not resulting la	the underlying cause	given in Part i	23h Did to	phaceo usa co	ntribute to	the cause of death?
P.0	by the detected	hys	avii. Outor aigimiouni outon	iona contributing to caatii c	at not resulting in	the underlying causa	givairii raiti.		es 2□No	3 □ Prot	1.4
	es that igned to be det	by F									
ecord	aw requires seen so 2 should	Completed						24a. Was e perfor	en eutopsy med?	eva	ere autopsy findings alleble prior io apletion of causa death?
<u> </u>		Con						1□ Y	es 2000	10	Yes 2□ No
/ita	ysician: The secreticate director, pag	Be	25. Was case referred to medic examinar?				28. Plece of Deat	n (Check only or	ne)		
5	Physic this co	P	1 Yes 2 No	Hospital: 1 ☐ Inpatie		tpetient 3L DOA		me 5 Resid			")
nc	tending Fleath.	lon	27. Menner of Death 1 Matural 5 ☐ Pand		y Year) 28b.	rime of 28c. In V	ljury at Vork? □ Yes 2 □ No	28d. Describe h	ow injury occur	red	
Division of Vital Records,	or Attending Physician; efter death. Director: After this certific d in by the funerel director,	Certification:	3 ☐ Suicide 6 ☐ Could	mined 288. Place of In	ury - At home, fe c. (Specify)	rm, street, factory, office		28f. Location (S City or Town		per or Rure	l Route Number,
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edicai C		ing Physician: To the best i Examiner: On the basis o and mennar st	examination an						
	To the within 2 To the comple	Σ	29b. Signature and title of certif	Behod in	7		-12849		8-25		
A	)4		30. Neme and addrass of person AH-GH/LA/	n who completed cause of $01$ , $MD$ $76$	laath (Itam 23a) 600 05						
	Sta Registr		31. Date filed (Month, Day, Yea AUG 2 6 199	7 July Da	ar's Signature	della					

DHMH 16 Rev 6/95



WRC 97-4592-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

DARNELL	
ENVCON	

3PART I, II, 27 PER MEO G-750 8/26/97 Certificate of Death

25884

Approximata Interval Between Onsel and Death

24b. Wara autopsy findings available prior to completion of cause of death?

Nas 2 No

	FAYSON	I	TEMS: 2
	Physici /Medio Examir	al	1. Decedan I 4e. Facility 433
r	Funeral Director		5. Social Se
			Usual Rask
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	W	5	Maryla
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	23a	<u>a</u>	433
	dea E	ner	11. Maritel
0	r te	5	1 X Nav
-005	ture!, c	ed by	3 □ Wid
Baltimore, Maryland 21215-0020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Marylend Depertment of Health and Mental Hygiene. Important: If tem 27 is marked other than "naturel", or items 23e or 28e-f show say injury or other treumatic event, the Medical Evantine must be notified at ADRE.	To Be Completed by Funeral Director	Elementa
P	ent, esta	9	17. Fathar's
Vlar	Veld be Wenta rrked rtic ev	To B	Va
an	ons sho		19a. Inform
Σ	alth alth 27 lb		Ron
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mc	Pege nent c int: If iry or		12 <b>X</b> Bu 4 □ Do
Balti	permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygiene Important: If item 27 Is marked other that eny Injury or other treumatic event, Ins. 2002.		21. Signatu

nt's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death AUGUST 14, 1997 DARNELL 3:30 PM. FAYSON Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 33 23rd PLACE TEMPLE HILLS Prince George's If Under 1 Year | If Under 24 Hrs. | 8. Dela of Birth (Months | Days | Hours | Min. | (Month, Day, Year) ecurity Number 7. Aga (In yrs. lest birthdey) Birthplaca (Stata or Foraign Country) 1 M 2 □ F Yrs. 37 -86-4294 Dec. 11, 1959 Cheverly, MD danca of Dacedani 10b. County 10c. City, Town or Location 10d. fnside City Limits 1⊠Yes 2□No Prince George's Temple Hills and Number 10f. Zip Coda 10g. Citizan of What Country? 33 23rd Place 20748 United States 12. Wes Dacedant Evar In U,S. Armed Forcas? Wes Dacedani of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Status Black, Whita, atc. ver Married 2 Married 1 ☐ Yas 2 🕱 No If Yas, Giva 1 ☐ Yas 2 No Specify: dowed 4 Divorced Negro 15. Dacedant's Education (Spacify only highest grada complated) 16a. Decedent's Usuel Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) ary/Secondary (0-12) Collega (1-4or 5+) 9 Private Laborer s Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) rnell Fayson Barbara Jean Vance nant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) nald Reeves - Brother 3607 Stonesboro Road, Ft. Washington, MD 20744 20b. Place of Disposition (Nama of camatery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Harmony Memorial Park 8/20/97 Landover, Maryland 21. Signature of Funeral Service Lice 22 Nama and Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington,

**Physician** /Medical Examiner

physician and the buriel-transit

88 attending for use as

the signed by t

peen page 2 has The

certificate

After

after death. Director: Aft

24 hours a Funerel D

within 2 To the 100

Physician/Medical

by

Completed

Be

Certification: To

Medical

the deeth certificate be executed

Box 68760.

P.O.

Records.

Division of Vital or Attending Physicien: after death. Sequantially list conditions, if any, laading to immadiata cause. Enler Underlying Causa (Disease or injury that Initiated evants resulting in daath) Last

Immediata Causa (Final

disaasa or condition rasulting in death)

LEFT ANTERIOR CORNARY ARTERY Dua to (or as a consequance of): Due to (or as a consequance of)

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE WITH THROMBOSIS OF

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributa to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown DIABETES MELLITUS 24a. Was an autopsy performed? 12 Yas 2 No 25. Was casa rafarred to medical axaminar? 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Home 5X Residence 6 □Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28b Time of 28c. Injury at Work? Natural Natural 5 Panding 1 Yas 2 No 2 Accidant invastigation 6 Could not be datarmined 28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 3 Suicida 28e. Plece of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homleida

ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line.

27. Mannar of Death

28d. Dascribe how injury occurred

29a, Cartifian (Check only one) 1 Certifying Phyalcfan: To tha best of my knowledga, daath occurred at tha tima, data and place, end due to the cause(s) and manner as stated.

Wedicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner stated. 29c. Licansa number 29d, Data signad (Month, Dav. Year)

29b. Signatura and titla of certifie rele

O.C.M.E.

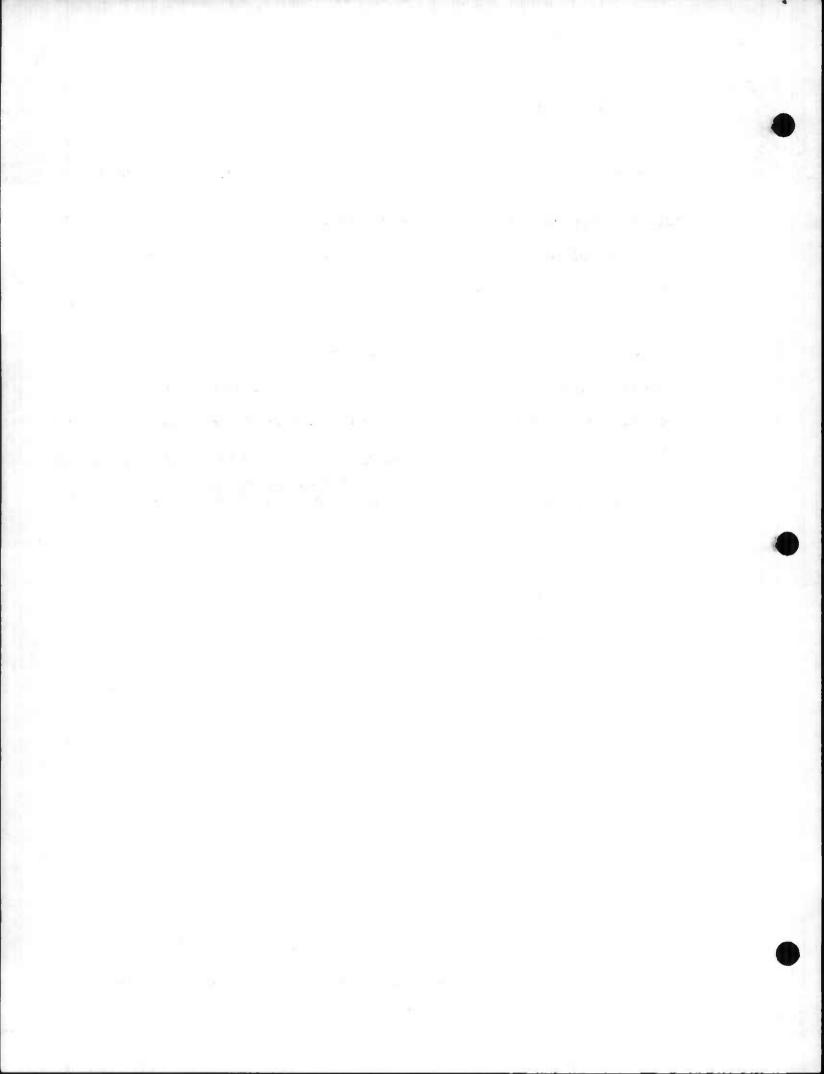
AUGUST 15, 1997

30. Nama and addrase of person who complated cause of death (Itam 23a) (Type, Print)

MILPY DOLITO . LOGGU WM 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year) AUG 2 6 1997

State Registrar

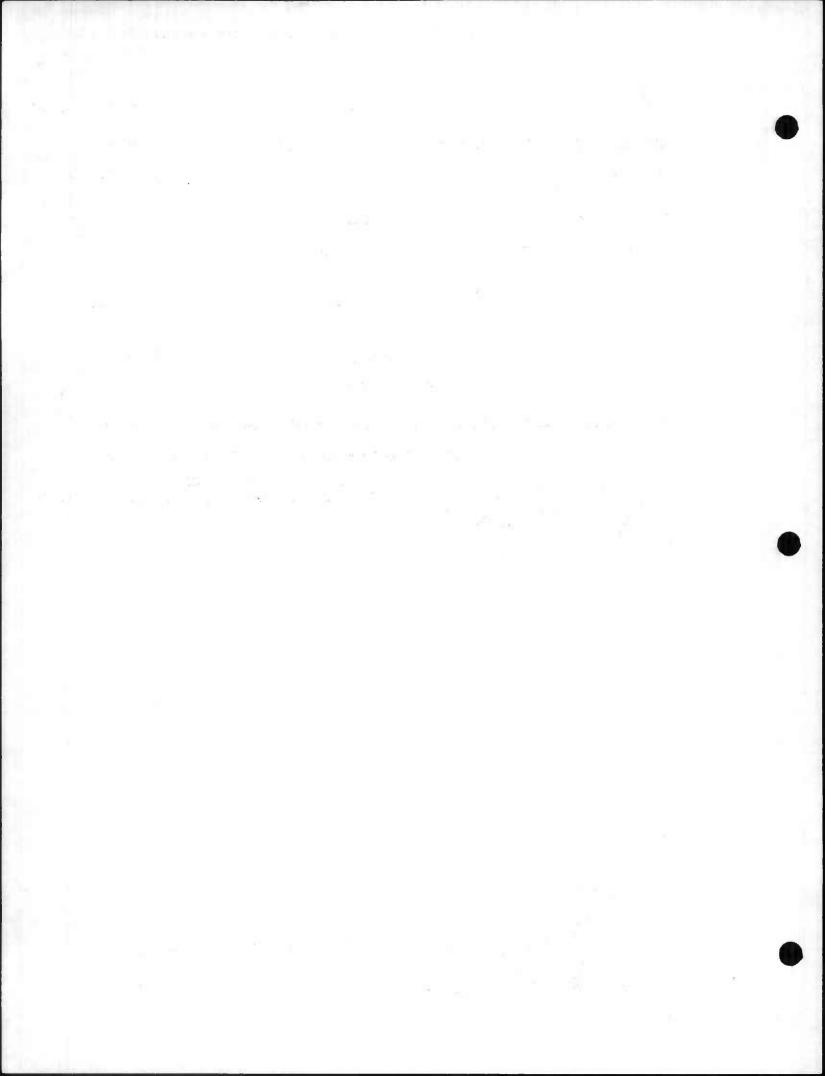
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State of Maryland / Department of Health and Mental Hygiene 97

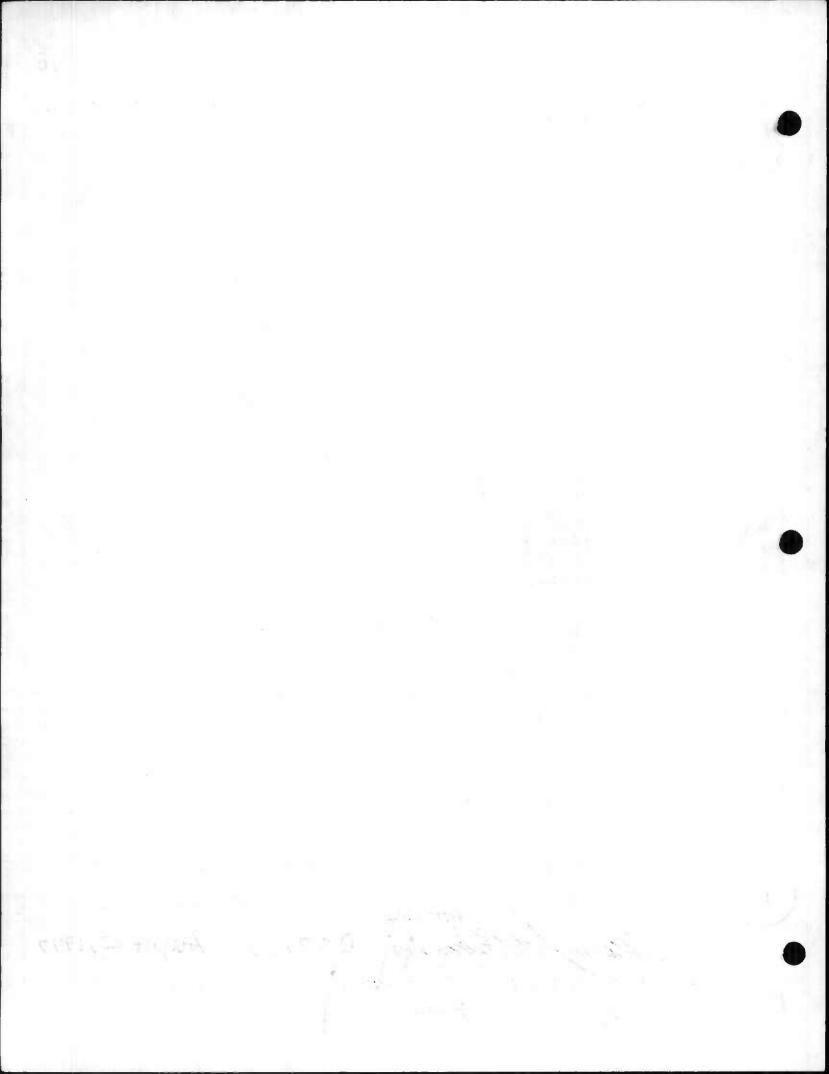
25885

						Ce	rtifica	te of	Death			Reg. No.	•	_0000
Physici /Medic		Decedent's Name (First, Mi AARON	ddle, Las	1)		FF	RIEDLA	ANDE	R.	2.	Date of Do Month AUG.	eath Day	1997	3. Time of Death 5:45 PM
Examin		4a. Fecility Neme (If not institu	tion, give	street and no	umber)	-			4b. City, Town,	or Locati	on of Dee	th 4c. County	of Death	
Funeral		MERIDIAN BR	GHTW 6. Se		JRSING H			r 1 Year		Hrs. 8	Date of Bi	rth	IMORE 9. Birtho	olace (Stete or Foreign
Director		215-05-9001 Usuai Residence of Decedent	1[	<b>X</b> M 2□ F	90	Yrs.	Months	Days	Hours		(Month, Di	ay, Year) 20,1906—	MAR	place (State or Foreign No.) YLAND
ylan		10a. Stete 10b. Cou			10c. C	ity, Town or L	ocation						1	0d. Inside City Limits
e Mar	ctor	MD N	I/A			BA	LTIMO	ORE						1 No 2 No
th with the Maryland 23a or 28a-f show	Funeral Director	10e. Street end Number 6406 ELRAY I	R.,	APT. D	)		10f. Zij	Code 21	209			10g. Citizen of USA		itry?
s 1 and 2 should be filed within 72 hours after death with the Marylar if Health end Mental Hygiene. If eath 27 is marked other than "natural", or frams 23s or 28s4 show other traumatic avent, tre Marilcal Examiner must be notified.	by	11. Marital Status  1 Never Mamed 2 N  3 Widowed 4 Divorce		Armed F	2 XNo	J,S. 13.	Was Dece If Yes, spe 1  Yes		Hispanic Origin ben, Mexican, P Specify:	? (Specify uerto Rica	Yes or Nan, etc.)	o- 14. Rac Bla Specif	ce - Americ ck, White,	
72 ho natur	Completed	15. Deced (Specify only hig	ent's Edu	cation	)	16a. Dece	dent's Usu	al Occu	pation during most of	working		16b. Kind of B	usiness/Inc	dustry
iene.	mpl	Elementary/Secondary (0-12			(1-4or 5+)	life.	DO NOT u	se retire	ed)			DDTM	TNIC	
filed v Hygie fthar ti	ပိ	17 Fether's Name (First Mide	lo ( ace)			S	ALESM	IAN	10 Mathada	Nama (Fi		PRINT		
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2 sho end is me raum		19a. Informant's Name/Reletic			/=					r Rural Ro	oute Numb	ber, City or Town	, State, Zip	Code)
is 1 and of Health item 27 other tr		MRS. SHEILA	BERN	STEIN	(DAUG.)				ORN CT.			MILLS, N		1117
Pege nent o int: If iry or		20a. Method of Disposition  1 ☐ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other			01-1-	Place of Dispecementary, cre KRO KO	metory or o	other pla	H ISRAE		22/97	20c. Location BALTI		
permit. Peg Depertment Important: I any injury o		21. Signature of Funeral Servi	ce Licens	9 (	P	2			VINSON EISTERS				LLE	MD 21208
Ob a la la sal		23a. Part1. Enter the disease, sh. c., or heart failure. L	or complist only of	licetions that ne cause of	caused the dee each line.	th. Do not en								Approximate Interval Between Onset and Deeth
Physician /Medical Examiner		Immediate C hu inal disease or condition	,	CA	RDIO (U	HONAY	m o	ARRI	7.79				In	
	<u>_</u>	resuiting In deeth)				or as a conse	quence of)	:						sul
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se execu	I Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	J		Due to (	or es e conse	quenca of):	:						
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death co	ian			u										
the d	Physician	Part II. Other algnificant cond	tions cor	ntributing to d	leath but not res	sulting in the u	nderlying	cause g	ven in Part I.			Yes 2 No		the cause of death?
5 9 0	b	DEMETIA												
e law requires has been sign je 2 should be	Completed		_===									s en autopsy ormed?	COL	ere autopsy findings alleble prior to mpletion of cause death?
0 - 0	E O										10	Yes 2 No	10	Yes 2□ No
certificate	Be	25. Was case referred to medi	cal						26. Place of	Death (C	heck only	one)		
0 10	၉	examiner?	ł	Hospital: 1 🗆	Inpatient 2	ER/Outpetie	nt 3 D	OA OI	her: Nursir	ng Home	5 Res	idenca 6 □Oth	ner (Specify	y)
o funeral		27. Menner of Deeth  1 Naturel 5 Pen 2 Accident Inve	ding stigetion	28a. Date (Mor	of Injury oth, Dey Yeer)	28b. Time o Injury	f A	28c. Inju Wo	nyat ork? ]Yes 2 ☐ No	28d.	Describe	how injury occur	red	
and of American	Certification:	3 ☐ Suicide 6 ☐ Cou	id not be mined		e of Injury - At h ling, etc. (Speci		reet, factor	y, offica	С	28f.	Location ( City or To	(Street and Numi wn, State)	ber or Rura	Route Number,
To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Certifier Certific (Check only 2 Medic	ing Phys	ner: On the b	e best of my kno easis of examina nner stated.	owledge, deet ation and/or in	h occurred vestigation	at the ti	ime, date and p oplnion, death o	lace, end occurred a	due to the	ceuse(s) and man, date and piece.	anner as st and due to	ated. the cause(s)
vithin To the	Z e	29b. Signeture end title of certi	Nor.	0	0.4	-	29	c. Licen	se number			29d. Date signe	d (Month,	Day, Year)
F > F 0		• \	Jul	w Jet	of m			Drs	039 (H	(0)		8.21		11151111
8		30. Name and address of pers	h who oo	mounted caus	se of death (Iter	m 23a) (Type,	Print)	Her.	ile a	1.1	RAI	+ 171 -	1/2	
Sta	e	31. Date filed (Month, Day, Yea	ir)	32. F	Registrar's Signa	ature	e par	1467	1 14	m,/	2/1/ (	, 0	-1 -1	,
_ Jia		B110 0 0 1000		1 4 14	us to	0.007								



State of Maryland / Department of Health and Mental Hygiene 07 25000

						Cer	tificate of	Death		Re	g. No.	) [	23886
Physic	lan	1. Decedent's Nemo	e (First, Middle, L	ast)						2. Deta of Deeth Month		Yeer	3. Time of Deeth
/Medi		ERLENE		GAULD						AUGUST	23 1	997	7:00 A.M
Exami	ner	Stella Ma	aris Hos	ve street end numbe pice @ Mei		spital		Balt	imore			y of Deeth	
Funeral, Director		5. Social Sacurity N 215-54-	3224	Sex 7. A 1□ M 21 F	Age (In yrs. les 46	st birthday) Yrs.	Months Deys	If Undar Hours	Min.	8. Data of Birth	Y50)	9. Birth	npleca (State or Foreign uning) "Yland
Marylend f show	tor	Usual Rasidence of 10e. Stete MD	10b. County Howar	:d	10c. City, E11:	Town or Loc	City						10d. Inside City Limits 1 ☐ Yes 2 No
with the	i Direct	10e. Street end Nun 3484 P1		Drive			10f. Zip Code 2104	2		10	g. Citizen of	Whet Co	untry?
2 should be filed within 72 hours after death with the Maryland end Mantel Hyglene. Is marked other than "natural", or items 23a or 28a-f show raumatic event, its Medical Examiner must be notified at	by Funeral Director	11. Maritel Status	ed 2 Married	12. Was Deceder Armed Forces 1  Yes 2 If Yes, Give Year or Dates	No.		/es Dacedent of Yes, specify Cul	Hispenic Ori pan, Mexicar		eity Yes or No- ican, etc.)	14. Re	ck, White	nican Indien, o, etc. Thite
72 ho natur	pete	/Spec	15. Decedent's E	ducetion		16e. Decede	ent's Usual Occu kind of work done O NOT use retire	petion	t of workin	1	6b. Kind of B	usiness/l	ndustry
d within giene. rr than "r	Completed	Elementary/Secon		College (1-4or	5+)		ral Ma						litchen ributer
s 1 end 2 should be filed within 72 hd If Haalth end Mentel Hygiene. Item 27 is marked other than "natur other traumatic event, ins Medical	To Be C	17. Fether's Name (		rthur G	caham					First, Middle, M garet E		,	Соор
shou and M mer	-	19e. Informent's Ne	me/Reletionship	(Type, Print)		19b. Meiling	g Address (Stree	t end Numbe	er or Rure/	Route Number,	City or Town	, Stete, Z	ip Code)
alth e		Gail P. C	Graham/s:	ister			Plumtre			licott			
			osition Cremetion 3 [ 5 ] Other (Speci	Removel from State	cerr	ca of Dispos netery, crem	ition (Nema of etory or other ple natory,	ece)		Dete 2	Oc. Location Baltim	- City or 1	Town, State
permit. Page Department of Important: If any Injury or once.		21. Signeture of Fur	MAM	C Amal	d	Me	Name end Addr acNabb F	horo	1 Uom	D A			
		Dawn	F. McDon	ald  nplications that cause one cause on each	nd the death	30	1 Frede	rick I	Rd. B	altimore	, MD	2122	8
Physician		shock, or hear	t feilure. List only	one cause on each	line.	DO NOT BINE	r the mode of dy	ing, such es	cerdiec or	respiretory erres	st,		Approximete Interval Between Onsat and Deeth
/Medical		Immediete Cause (I		141									
Examiner		disaase or condition rasulting in deeth)		aM	-		LANOMA					-	1 YEAR
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icate be executed physician end s the buriel-transit	Examiner	Sequentially list con if any, leading to im- cause. Enter Under Ceuse (Disease or I	iditions, mediate	b	Due to (or e	s e consequ	rence of):		Т				Total I
certificate be executed nding physician end use as the buriel-transit	Medical	Ceuse (Diseese or I that initieted events resulting in death) L		C	Due to (or e	s a consequ	ence of):						
death certific e attending p ed for use as	sician	Pert II. Other signific	cant conditions of	contributing to death	but not rasulti	na in the une	deriving ceuse o	ven in Pert I.		23b. Did tob	acco use co	ontribute	to the cause of death?
requires that the death seen signed by the atter hould be detached for t	by Physici										2. No		obably 4 🗆 Unknow
2 S E	Completed b									24e. Wes en perform	eutopsy ed?	9	Vere eutopsy findings velleble prior to ompletion of ceuse f deeth?
The see	Cou									1 ☐ Yes	2 💆 No	1	☐ Yes 2☐ No
Iclan: The	Be	25. Wes cese referre	ed to medical	11- 2-1					of Death	Check only one	STELL?	A MAF	RIS AT MERC
Physiclan: this certific ral director,	2	1 ☐ Yes ŽŒN	10	Hospital: 1 ☐ Inpat		VOutpatient	3LI DOA			e 5 ☐ Residan			ity) HOSPICE
ending sath. or: After he funer	Certification:	27. Menner of Deeth	5 Pending Investigatio		ay Yeer) 28	Bb. Time of Injury	M 1	ryet rk? ]Yes 2 □ l		d. Describe hov	v Injury occur	red	
o Ding	Sertific	3 ☐ Suicida 4 ☐ Homicide	6 Could not b determined	286. Piece of in	ijury - At home tc. <i>(Specify)</i>	e, farm, stree	et, fectory, office		28	If. Location (Stre City or Town,		ber or Rui	ral Route Number,
Manual )	edical (	29e. Certifier (Check only one)	☐ Certifying Ph	yelcian: To the best niner: On the basis of end menner s	of examinetion	and/or Inve	stigetlon, in my	me, dete end opinion, deet	d plece, en th occurred	d due to the ceu f et the time, dat	use(s) end mo e end plece,	enner es end due	steted. to the cause(s)
E S C C	Me	29b. Signeture end t	itle of certifier	dola	Pin.	endin	29c. Licen	o 7 9	930		d. Date signe	d (Month	Dey, Year)
10		30. Name and addre	ss of person who		deeth (Item 23	Be) (Type, P	rint) PAUL PL	٠ ، ١		PAITE	MA	214	202
Sta		31. Dete filed (Month	, Day, Year)		rer's Signatur	01.	TAUL TO	# 40	DTT	ANCIC	, MD,	≪1∂	Anox
Registr	ar	AUG 26	1997	1 July 1ds	Ol I Carlon								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25887 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth **Physician** Month Goode /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** BALTU Nuusing Rehab BALTO

Nage (In yts. lest birthday)

Yrs. Months Deys Hours Min.

Nage (In yts. lest birthday)

Nonths Deys Hours Min. 9. Birthpleca (Stata or Foreign 6. Sax 1□M 20 F 249-28-0273 Director Usual Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinet must be notified at BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10g. Citizen of Whet Country? 2525 BELVEDERE AVE Funeral 12. Wes Decedant Evar in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Stetus 1 Never Married 2 Married 1 Yas 2 WNo
If Yes, Give
Yeer or Detes: Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health end Mental Hygiene Important: If Item 27 Is marked other than "n any Injury or other traumatic event the Important of the Imp Elementary/Secondary (0-12) College (1-4 or 5+) NONE SPECIAL ED 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) WILLE GOODE LEE CORBETT 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) AVE ROSelle, NJ 0-7203

Dete 20c. Location - City or Town, Stata ZNEZ ANDERTON (SISTED) 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 1 Burlet 2 Cremetion 3 Ramovel from State 8/29/97 BISHOPVIIIE, S.C. 4 ☐ Donetion 5 ☐ Other (Specify) DAVIS CEMETERY 22. Name end Address of Fecility ALBERT P. WYLIF FIH PA 21. Signetura of Funaral Suite Licenses GILMOR ST. BACTO. MO 21217 3a. Part1. Enter the disease, of complications mat ceusad the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heert feilure. List only one code on each line. **Physician** /Medical Immediete Ceuse (Final disaese or condition resulting in deeth) aspiration Minutes Examiner Due to (or es a consequence of) Physician/Medical Examiner gas tropanesis years of unknown cause attending physician end for use as the buriel-transit Sequentielly list conditions, if eny, laading to immediate ceuse. Enter Undarlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): palsu Box 68760. cenebral certificete be Due to (or es a consequence of): P.0. the s Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 disorder 1 Yes 2 N6 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings svaileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed retardation hes page 2 20 No certificate 1 Yes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certifica 25. Wes cese referred to medicel examiner? Be 28. Piece of Deeth (Check only one) Hospitel: Other: 4 Mursing Home 5 - Residence 6 - Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Naturel 5 Pending Investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) -21-97

State Registrar 30. Name and eddress of parson who completed cause of deeth (Item 23e) (Type, Print)

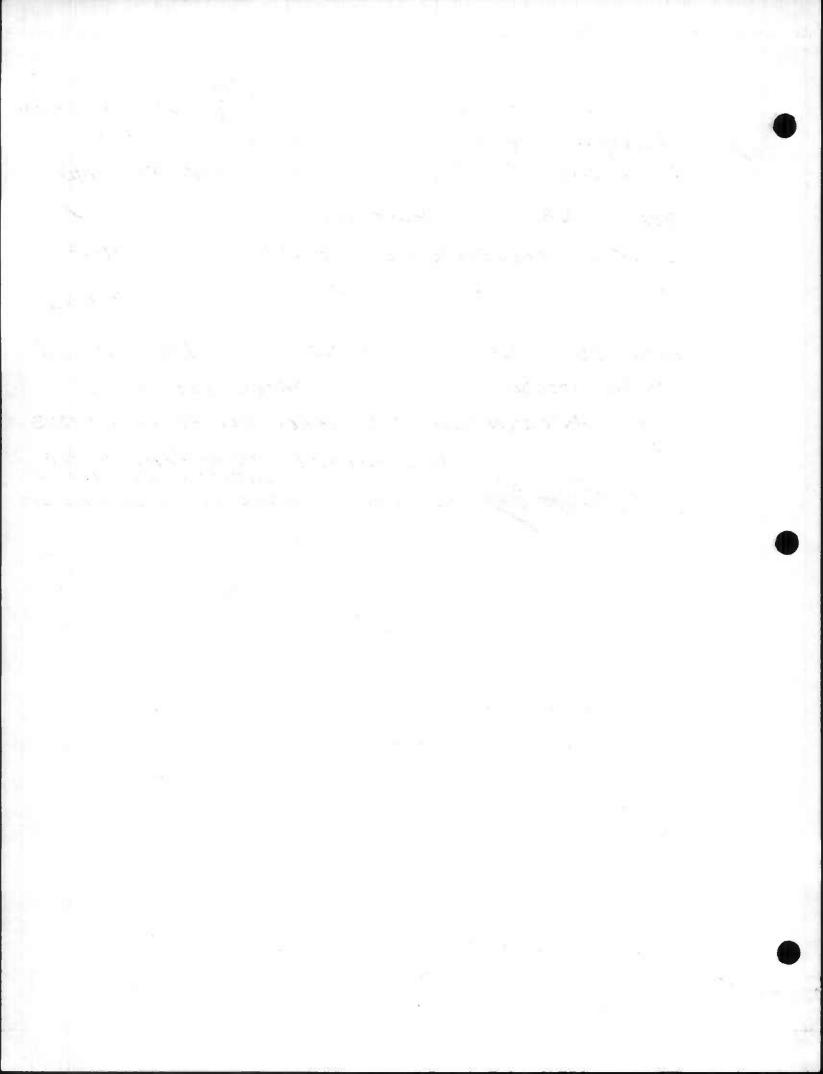
Louis W Mills MS (Rype, Print)

31. Dete tiled (Month, Dey, Year)

AUG 2 6 1997

Sulva Daydon—Anness

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death F. 4b. City, Jown, or Location of Deeth 4c C iliA 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth Sinai Hosmita 5 Social Security Number 6. Sex Baltor Daltr if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 8 - 3/ - 59 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 212-82-7498 10M 20 Deys 37 Usuei Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits MD Battimore 1 Xes 2 No 10e. Street end Number 10f, Zip Code 10g. Citizen of Whet Country? Fairmount 21223 2749 11. S.A 14. Rece - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No if Yes, Give Yeer or Detes: 1 Never Married 2 Married 1□ Yes 2₽No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Retail Coilege (1-4or 5+) Clerk grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Gray J Lottie Elwood 19b. Meiling Address (Street end Number or Rural, Route Number, City or Town, Stete, Zip Code) 13114 Holoridae Res Wheaton, MD 20 19e. tnforment's Neme/Reletionship (Type, Print) Elwood Gray 1 Holoridge 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Gardens 8-27-97 Dundalk, MD Voshell 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetule of Funeral Service Licensee 1101 E. North Ave EAST 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Immediate Ceuse (Final diseese or condition resulting in deeth) Due to (or es a consequence of) Sequentielly list conditions, if eny, teeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that hitleted events resulting in deeth) Lest Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert II. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24b. Were eutopsy findings 24a. Wes en eutopsy eveileble prior to completion of cause of deeth? 1 ☐ Yes 2 No 25. Wes care referred to me 1 ☐ Yes 2 ☐ No. 26. Piece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28e. Dete of tnjury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred

1 Yes 2 No

AS2402321569021

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated.

Physicana 29c. License number

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)

physician and the bunel-transit Box 68760. signed by the e Records,

Examiner Physician/Medical þ Completed Be Certification: To

Physician

Examiner

**Funeral** 

Director

28a-f show

Items 23a

"natural", or

Pages 1 end 2 should be filed within 7 nent of Health end Mental Hygiene. nt: If item 27 is merked other then "I

Department of Health or Important: If item 27 is any Injury or other trau once.

**Physician** /Medicai

Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

traumatic event, the Medical Examiner must be notified at

/Medical

Division of Vital or Attending Physician: after death. this Director: A

Registrar

DHMH 16 Rev 6/95

State

1 Naturet

2 Accident 3 Suicide

4 Homicide

29b. Signeture end title of certifier

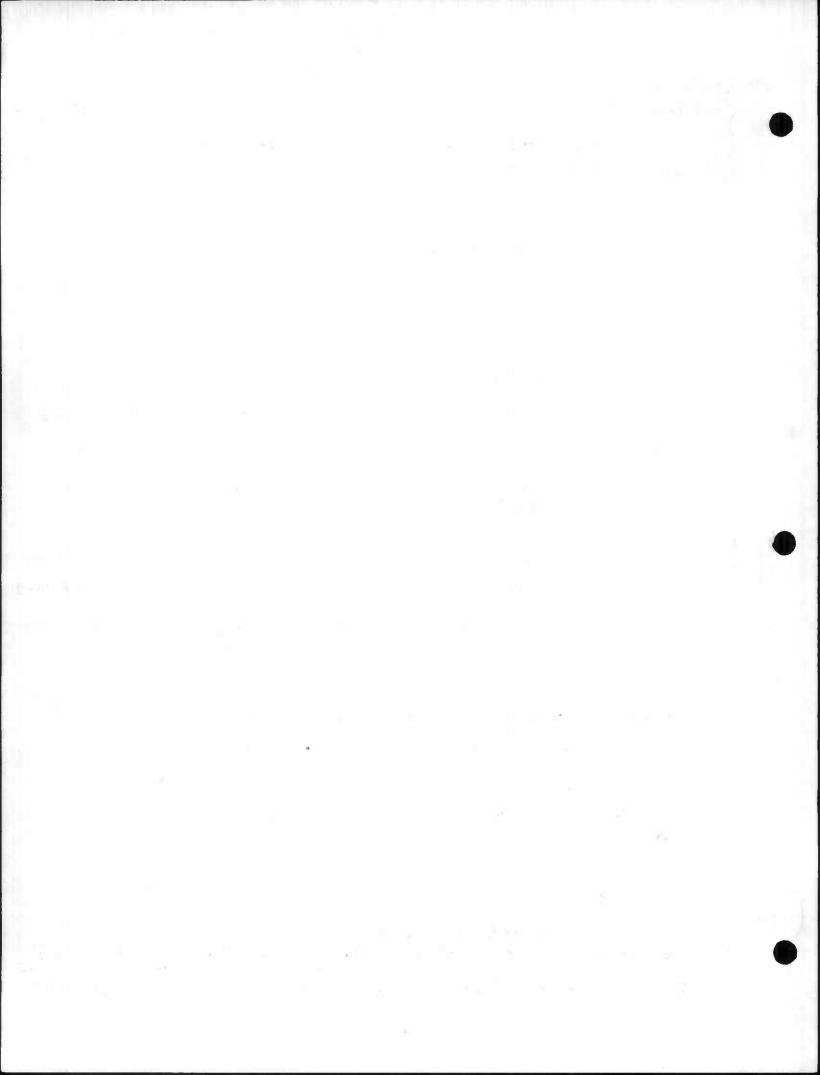
29e. Certifier

5 Pending investigation

6 Could not be determined

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Sivai Hospital of Baltonore BEVERLY M. CALKINS, M.D. 2401 West Belvedere Avenue, Bactimore, Marcyland 31. Dete filed (Mortin, Dey, Year) 32. Registrer's Signature AUG 2 6 1997

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)



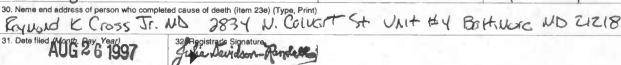
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day Richard Gladden 15, 1997 0452 CURUST /Medicai 4a. Facility Name (If not institution, give street and number city, Town, or Location of Deeth 4c. County of Death Examiner 5. Social Security Number Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 10M 20 F 242-30-4069 Director C. Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Madical Examiner must be notified at Director 1 TYES 2 No Battimore MD 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ filed within 72 hours after death with 21218 USA Items 23a W. apt Funeral 12. Was Decadent Ever in U,S.
Amed Forces?
1 □ Pres 2 □ No
If Yes, Give
Year or Dates: 11 Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ŏ 1 Yes 2 No Specify: by Specify: " 3 □ Widowed 4 □ Divorced Black "natural", Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health end Mental Hygiene. Important: if item 27 is marked other than "na any injury or other traumatic event, the Medit once. Post Elementary/Secondary (0-12) Coilege (1-4or 5+) Clerk 9th grade 17. Fether's Name (First, Middle, Last) Pastal 18. Mother's Name (First, Middle, Malden Symame) Be Susie TBoyde 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Herbert Batto. 2 MO Rev: Thomas Sheridan AVE, 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Owings Mills, MD Garrison forest Vet CEM 8-25-97 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Servica License Aue E. North EAST 1101 F. H March 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immedieta Cause (Finel Chronic mycharocytic lakema Qualths diseese or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 10861 Yes 2 No 3 Probably Munknown signed by . HID PUD 5/0 oversay of duoderum for perforation þ Completed 24b. Were autopsy findings eveileble prior to 24e. Wes an autopsy performed? · HO ETOH Obuse completion of cause of death? ata hes b 2 No 2 No icata · 1 🗆 Yes 1 Yes Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica staly filled in by the funeral director, p Be 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 D Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and placa, and due to the ceuse(s) end manner as stated.

2 Medicat Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier hin 24 h 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

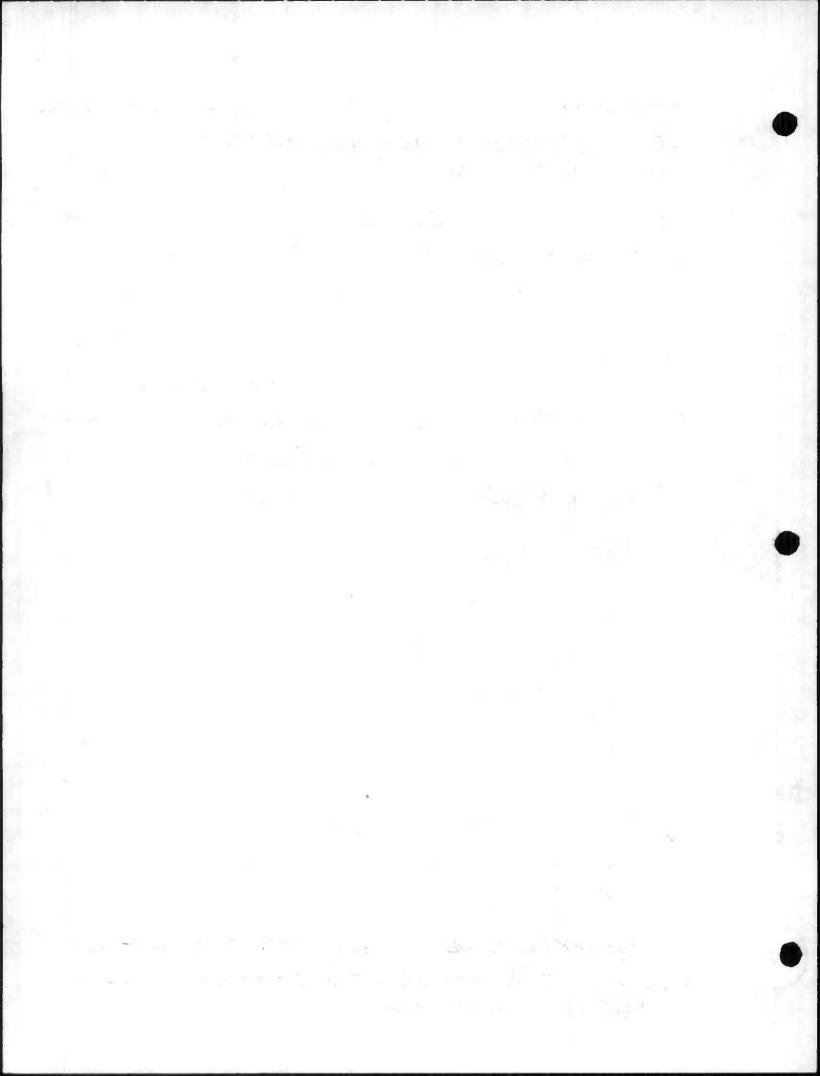
State Registrar

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AU4176 435 4207 august 15, 1997

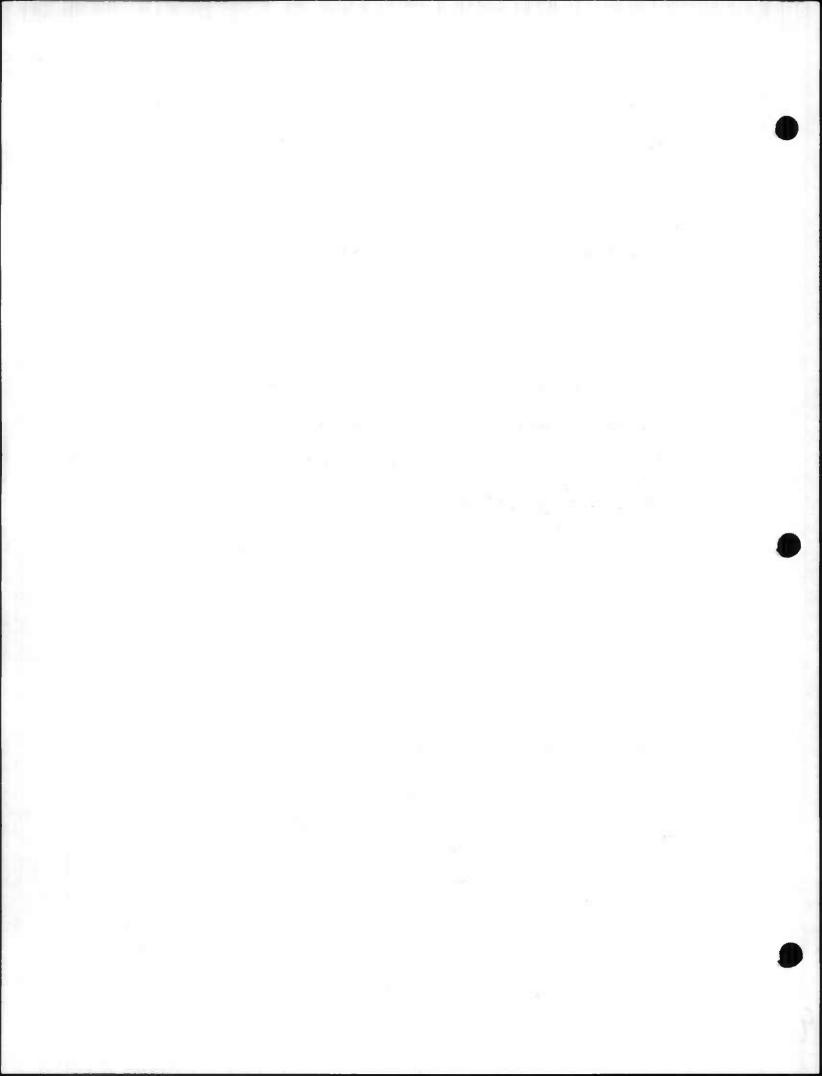


State of Maryland / Department of Health and Mental Hygiene 97

97 25890

						Cei	rtificate o	f Death		Reg. No.		
	-15		1. Decedent's Name (First, Middle,	Last)					2. Date of De	ath	section.	3. Time of Death
	Physic		Anna Gasio	rowski					August	24. 1	997	10:20 PM
	/Medi Examii		4a. Fecitity Name (If not institution,	give street and nu	m <i>ber</i> )			4b. City, Town, or	Location of Deet	-	unty of Deeth	
1			Franklinwood					N/A		Bal	ltimore	
П	Funeral	Г	5. Social Security Number 6	S. Sex	7. Age (In yrs.	last birthday)	if Under 1 Yea	ar If Under 24 Hr				piace (State or Foreign ntry)
	Director		216-32-4792 Usuat Residence of Decedent	1□ M 2X F	88	Yrs.	Months Day	s Hours Mir	10/12/		Pola	
	yland		10a. State 10b. County		10c. Cit	ty, Town or Lo	cation					10d. Inside City Limits
	the Mar 28a-f si	ector	Maryland Baltim	ore		N/A	10f. Zip Code			100 000	of What Cou	1 Yes 2 No
	72 hours after death with the Maryland natural; or items 23a or 28a-f show deal Exam or must be notified at	Completed by Funeral Director	4025 Bay Drive				21220			USA	1 OF WHAT COU	ntry r
	er de	nue	11. Meritat Status	Armed Fo	edent Ever in U proes?		Was Decedent of f Yes, specify Cu	Hispenic Origin? ( ban, Mexicen, Pue	Specify Yes or No rto Rican, etc.)	H 14.	Race - Ameri- Btack, White,	
020	ours afte	by F	1 Never Married 2 Marrie 3 Widowed 4 Divorced	d 1 ☐ Yes If Yes, Gi Year or D	veΛ		1□Yes 2√∏N	o Specify:			ecity: Whi	
21215-0020	C	oletec	15. Decadent's (Specify only highest	grade completed)		(Give	lent's Usuai Occ kind of work don DO NOT use retii	e during most of we	orking	16b. Kind	of Business/In	dustry
212	filed within Hygiane.	E	Elementary/Secondary (0-12) 8th	College (	1-4or 5+)	Sewe	r			Fact	torv	
	Hyg other	BeC	17. Father's Neme (First, Middle, La	ist)				18. Mother's Na	ame (First, Middle,		-	
Maryland	2 should be filed within and Manlel Hygiane. Is marked other than raumatic event, the faumatic event, the	To B	Stanislaw Jurki	ewicz				Aniel	a Zawa	dowicz	Z	
ary	should nd Man marke	-	19e. Informent's Name/Relationshi	(Type, Print)		19b. Mailir	ng Address (Stre	et end Number or F	Rural Route Numb	er. City or To	own. Stete. Zii	p Code)
	end 2 ealth a n 27 ls		Lydia Helmer /	Daughter				ve Balti				
re,	other tr		20a. Method of Disposition	Daugneer	20b. F	tace of Dispo	sition (Name of		Dete		ion - City or To	
Baltimore,	Page nent o int: If I		1 Surial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		State _		natory or other p		8/28/97	Baltin	nore, M	Maryland
Bal	permit. Pag Department Important: if any Injury o		21. Signature of Funeral Service L	pensoe) B	1	) Da		Weber Fun				
			23a. Pert1, Enter the disease, or or	tications thet	aused the deat	h. Do not ent	1 S. Che	ester Str	eet Bal	timore	e, Mary	rland 21231
ı	Physician		23a. Pert1. Enter the diseese, or a shock, or heart failure. List a	^			_					Intervat Between Onset and Deeth
	/Medical	ш	Immediate Cause (Final	A	home.	10 11	7 ( )	diova:		1. 0010	0	11.000
	Examiner		diseese or condition resulting in deeth)	a. / / /				willova.		(1)40()		LEONS
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	uted d ansit	Examiner	Conversion to the line on this are	b	Due to /c	or as a conseq	uonee of):				İ	
o,	an an irial-tr		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due 10 (c	JI ES E CONSEQ	derice oi).					
68760,	ota be nysici	ca	Ceuse (Disease or Injury that Initieted events resulting in death) Last	C	Due to (o	r as a conseq	uence of):					
x 68	ia death certificeta be executed the ettending physician and hed for use es the burial-transit	Medicai	resulting in death) Last	• 4								
Box	ath ce ttend or us			Q								
0	a de the e	Physician	Part II Other significant condition	contributing to de	eath but not res	ulting In the u	nderfylng cause (	given In Part I.	23b. Dld	tobacco uai	contribute t	o the cause of death?
0	es that tha death cer igned by the ettendin be detached for use		Cerclarovasu	Non di	HOUL	A	trail		1 🗆	Yes 2 X	No 3□Pro	bably 4 Unknown
ds,	sign d be	d by	01 11-1	()		1			24a Was	an autopsy	24h W	ere autopsy findings
Vital Record	s been s s should	Completed	4 pm 1100 n	n. Ve	vere	deje	newh	n		med?	ev	reileble prior to empletion of ceuse death?
R	The law ate has b page 2 s	E	anti						10	Yes 2 X	)	□Yes 2□No
tal		Be C	25. Was cese referred to medical					26 Phase of De	eath (Check only o	1		□ 169 2□ 160
>		0	examiner?	Hospital:	Inpatient 2	ER/Outpatien	t 3 DOA	whos: A A	Home 5 Resi		Other (Speci	6.1
of		1	27. Manner of Deeth	28a. Dete	of Injury	28b. Time of	28c. Inj		28d. Describe			777
O	ith. : After a funer	atio	1 Abatural 5 ☐ Pending 2 ☐ Accident investigat		th, Day Year)	Injury		onk? ⊒Yes 2⊒No				
Division	Attender de by th	Fice	3 ☐ Suicide 6 ☐ Could no determine	200. Place	of Injury - At h	ome, farm, str	eet, fectory, offic	n	28f. Location (	Street and N	lumber or Run	al Route Number,
Ö	s after	Certification:	4 🗆 Homicide	Duildi	ng, etc. (Specif	у)			City or To	wn, State)		
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After complately filled in by tha fune		29a. Certifier (Check only Medical Ex	Phyalcian: To the	best of my kno	wledge, death	occurred at the	time, date and ptac	e, end due to the	cause(s) and	d manner as s	stated.
	in 24 he Fi	edicai	one)	manimer: On the ba	ner stated.	tion end/or inv	estigetion, in my	opinion, deeth occ	curred at the time,	date and pla	ice, and due t	o the ceuse(s)
	To t To t	Σ	29b. Signature and Ittle of certifier	~/			29c. Lice	nse number		29d. Dete s	Igned (Month,	Day, Year)
			Juser	Son	2		PS	774	) ,	8/2	6/9	/
	2		30. Name and address of person wi	o contracted caus	e of deeth (Iten	n 23a) (Type,	Print)		1/	11,	1	/
	)	8.	Jusan Lt	M	tu	unkl	in Va	iwe	Now	ral	(Ent	2
	Sta	te	31. Date fited (Month, Dey, Year)	1. 32-R	egistrar's Signa	iture -	/			1-1-1		
	Registr	ar	AUG 2 6 1997	Julia Day	idson-Nan	WELLE .						

DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

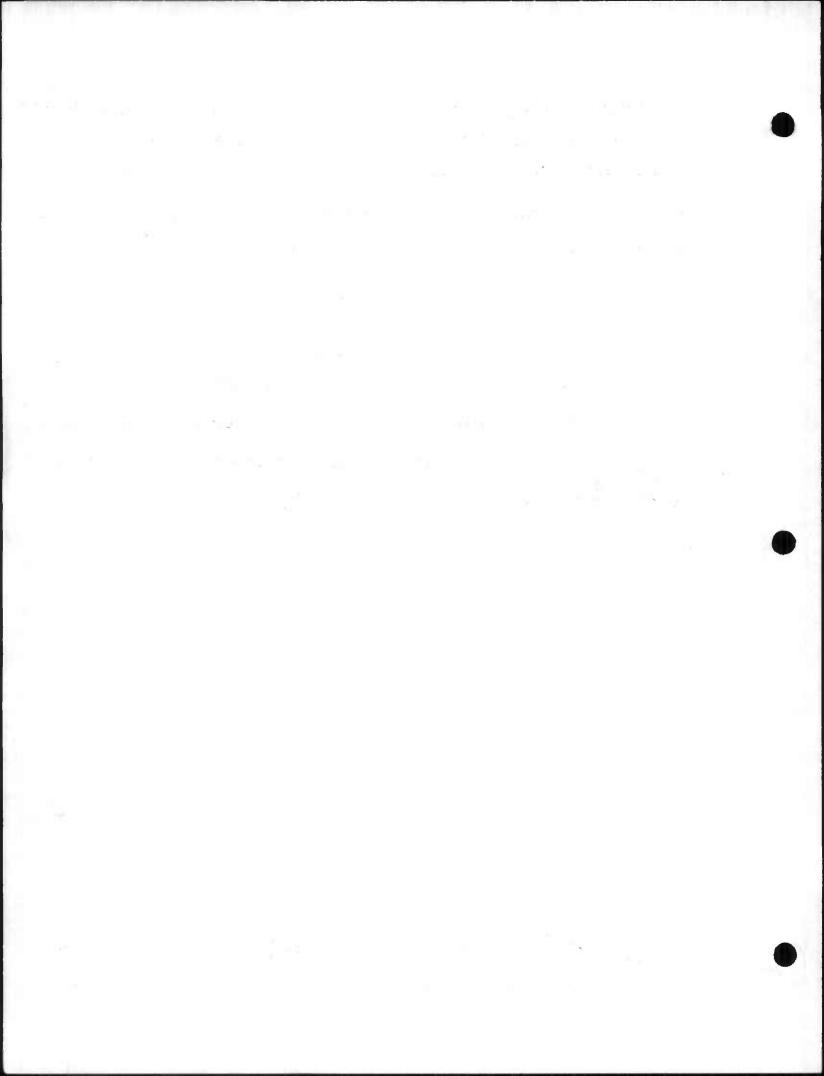
	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH AND I	MENT	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) RICHARD	Н.	GELO	rek				Ano	1g 20		999	3. TIME OF DEATH
		6. SEX 6.	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	Dec	orth, Day, Year 19:	25	8. BIRTH Country New	PLACE (State or Foreign  )  Jersey
OR	•a. FACILITY NAME (# not institution, give street Church Home and Ho				9b. CITY		altimore			9c. COI	INTY OF D	n/a
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT		-				10d. INSIDE CITY
	Maryland Bal	Ltimore					Balti	mor	е			1 TYES 2X NO
FUNERAL	3928 Glenhurst Rd					101	2122	22				States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 (X IF YES, GIVE WAR World Wa	OR DATES	AED O		t yes, sp	ENOENT OF HISPAI ecity Cubers, Maxice 2 X NO Specifi	in, Puei		or No—	14. RACE Black Specifi	— American Indian, , white, stc. /y: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		(Gh tife.	ne kind of a Do NOT us	usual of work done se retired.) Grino	during mo	ON st of working		166. KIND OF BUS		Mill	
BE COM	17. FATHER'S NAME (First, Middle, Last) ISAAC		Gel	ok			18. MOTHER'S NA Sadie		et, Middle, Malden :	Sumame)	E	ick
TO B	19a. INFORMANT'S NAME (Type/Print) Louise Gelok / Wit	Ee .					st Rd.,					222
v	20a. METHOD OF DISPOSITION 1 Gurial 2 Coremation 3 Remov	al from State	20b. PLACEA cemetery, crer Green	ND DATE	of DISPOS they place)	rema	tory 8/	23/			City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Duna			<sup>22</sup> C	NAME AI	op aboress of fa Stephen Green Pa	D.	Lohrman	n P.	Α.	21286
CERTIFICATION	23. PART i. Enter the diseases, or co shock, or heer failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NEUT DUE TO (O	TROPE	HIC DUENCE O	50R	EP						Approximate interval Between Oneat and Death  3 days  4 menths
MEDICAL	PART II. Other algnificant conditions								PERFOR	MEO?	7 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES   2 NO
AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAU		_	TH (Check		UNCERIAI	NE				
SIC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		ne 8 🗆 Raaldence	8 🗆 (	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day)		28b, Tife	ME OF JURY M	W	URY AT DRK? YES 2 NO	28d.	DESCRIBE HOW II	NJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, at	INJURY — At ho c. (Specify)	me, farm,	street, fac	tory, offic		281.	LOCATION (Street a City or Town, State)	ind Numb	er or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1. CERTIFYING PHYSICI											i) and manner as stated.
BE	20b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU 34689		P.E.	29d. D	TE SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO Clarence Sankur		OF DEATH (ITE	M 27) (Type			SROPDW	ME	BALTI	MO	mc.	MARILAND
	31. DATE FILEO (Month, Day, Year)  AUG 2 6 1997	32. REGISTRAR	S SIGNATURE	and a								
	Unit 4 0 1331	- YUNUV	WINDS -	- Charles	40							

97 JUL 17 AM 10: 07

State of Maryland / Department of Health and Mental Hygiene 97

1215-0020 within 72 hours after death with the Maryland	Physici / Medic Examin Familia (1904) 1917 of 1884 1900 1917 of 18	al	4a. Facility Nama (If not institution, give けついれて) いっぱく 5. Social Security Number 6. S	JOLD SMITT					2. Data of D Month AUG	Reg. No. Death Day	Year (33)	3. Tima of Death
1215-0020 within 72 hours after death with the Maryland	/Medic Examin Funeral Director	al	4a. Facility Nama (If not institution, give けついれて) いっぱく 5. Social Security Number 6. S	a street and number)					AUG		1337	12.36 P~
1215-0020 within 72 hours after death with the Maryland	- uneral Director	er	5. Social Security Number 6. S		11						- 1	
1215-0020 within 72 hours after death with the Maryland	irector		5. Social Security Number 6. S	GENERAL		-			or Location of Dea		y of Death	
1215-0020 within 72 hours after death with the Maryland	irector				HOSPI		- 1	نه ر ب			~ Ws	7
21215-0020 within 72 hours after death with the Maryland	or 28a-f show a notified at		220 - 24-8356	Sex 7. Aga (In yrs	i. last birthday) Yrs.	If Undar 1 Months	Yaar Days	If Undar 24 H Hours M	in. 8. Data of E	Sirth Day, Yaar)	9. Birthp Court Ohio	placa (Stata or Foraign ntry)
21215-0020 within 72 hours after death with the Maryla	or 28a-f shore or notified at		Usual Rasidance of Decedant  10a. State 10b. County	100.0	City, Town or Lo	nation						
21215-0020 within 72 hours after death with th	0 2	ctor		County	* .	icott	Cit	У			'	1 ☐ Yas 2 1 No
21215-0020 within 72 hours after dea	23a	Funeral Director	10e. Street and Number 3530 Sylvan Lane			10f. Zip 0		.043		10g. Citizan of	What Cour SA	ntry?
21215-0020 within 72 hours afte	- 1	Ine	11. Marital Status	12. Was Decedant Evar in Armad Forcas?	- 11	Yas, specif	nt of His	panic Origin?	(Specify Yas or Narto Ricen, atc.)		ce - Amaric	
21215-0 within 72 h	Tal', or it	þ	1 ☐ Nevar Married 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	H⊟Yas 2□No If Yes, Giva Yaar or Datesonean	Conflict	□Yas 2		Specify:	,		hite	
vithir	"natural", solical Exa	Completed	15. Decedant's Ed (Specify only highast gra		16a. Deced	ant's Usual kind of work	Occupat dona du	tion uring most of a	vorking	16b. Kind of 8		
		dmc	Elemantary/Sacondary (0-12)	Collaga (1-4or 5+)						21.0	mi m	
S 83	9 6	To Be Co	17. Fathar's Nama (First, Middle, Last, Fred Goldsmith		pres	s ope		18. Mothar's N	lama (First, Midd	la, Maidan Suma		company
aryla	le meri		19a. Informant's Neme/Ralationship (	Type, Print)	19b. Meilin	a Addrass /	Street a	nd Number or	Rural Routa Num	ber. City or Town	n. Stata. Zio	Code)
6 7			Ms. Juanita Gold	smith/spouse								nd 21043
S 87	t: If item 27 y or other to		20a. Mathod of Disposition  1 CXB Grial 2 Cramation 3 C  4 Donation 5 Other (Specif	Ramovai from Stata	Place of Dispos cematary, crem	aition (Name natory or oth	of ar place	)	Data 22AUG97	20c. Location	- City or To	own, Stata
Baltimo	Important: If i any injury or		21. Signature of Funeral Service Licer	100	22	Nama and	Addrass	of Facility	mo P A		TOCUS	ville, MD
		$\dashv$	Munkelle	Jel .	M00535E	llico	tt C	ity, M	aryland	21043		
	6		23a. Part 1. Entar tha disaasa, or com shock, or haart failura. List only	plications that causad tha das ona causa on aach lina.	ath. Do not ante	ar tha moda	of dying	, such as cerd	liac or raspiratory	arrest,	i	Approximata Intarval Batween Onsat and Death
	/sician ledicai		Immediata Cause (Fine)								1	Crisal and Deali
	aminer		disaasa or condition rasuiting in daath)	e	HEAR		ATLL	1146				HOURS
		ě			(or as a conseq		20-	~11.44			1	
petno	namsit	Examiner	Sequentially list conditions	b. ISCHEMIC	(or as a consequ	- 1	1111	4			1	MONTHS.
0,	an ar		Sequentially list conditions, if any, laading to immadiata causa. Enter Underfying Ceusa (Disaasa or Injury	ATTERED SLL		,	Diai	FAD CALL	me Die	soms	1	YEARL
x 68760, entificate be executed	attending physician and for use as the buriel-transit	Medical	that initiated evants rasulting In death) Last		or as a consequ		y ( )	011,00	AIR Y	2011,74	<del>-                                    </del>	(0,1,1-5)
× 6	g as e	Mec	L	4								
Bo ta	or us			u.								
o g	thed	Physician	Part II. Other eignificant conditions o	ontributing to death but not ra	sulting in the un	darlying car	ısa giva	n In Part I.	23b. DI	d tobacco uee c	ontribute to	the cause of death
hat t	gned by the atte		Utranic R	ENTE PAILU	126				10	Yee 2 No	3. Prol	bably 4 Unknow
Records, P.O. Bo	been signed should be de	Completed by						¥		as an autopsy formed?	av	ara autopsy findings allable prior to empletion of cause
The law	has 30 2	mpk									of	deeth?
	certificate he rector, page								1[	Yas 2 No	1 [	□Yas 20 No
of Vital	certifica irector,	Be C	25. Was casa rafarrad to madical examiner?	Hospital:			Other	pa .	Death (Check only		da univers	
on of	After this funeral dir	tion: To	1 Yas 2 No  27. Menner of Death 1 Natural 5 Pending invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury		. Injury Work	4 LI Nursing	9 Homa 5 ☐ Ra 28d. Dascrib	sidence 8 🗆 Ot		y)
Division of Attending	Director: Jin by the	Certification:	2 Accident investigation 3 Suicide 8 Could not be determined						28f. Location City or T	(Street and Num own, Stata)	ber or Rura	I Routa Number,
To the Hospital of	To the Funeral Completely filled	edicai C	29a. Certifier (Check only one)	yeician: To tha best of my kn niner: On tha basis of axamin and mannar stated.	owledga, death ation and/or Inv	occurred at astigation, in	tha tima	a, date and ple nion, daath oo	ce, end dua to the	e causa(s) and m a, data and place	nannar as si , and dua to	lated. tha causa(s)
4	To the	X	29b. Signatura and titla of certifiar	and manner states.		29c.	Licansa	number		29d. Data sign	ed (Month,	Day, Year)
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1	10	-	30. Nama and addrass of parson who				, ,			7,	1.0	. 111
				PARLLAND	PATULE	CT.	51	LVCTR	SPRIN	by. ~	2 ~	Porc
	Stat	e	31. Data filed (Month, Day, Year)	Lulia Jam Bogistrar's 19						- 1		

Registrar



State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate	e of De	eath	Re	g. No.	, ,	20093
nysician		. Decedent's Neme (First, Middl		CDT	40mm 4 m				2. Dete of Deeth Month	Dey	Year	3. Time of Deeth
Medical	ı	EDITH	LOUISE		ISTEAD				August	23	1997	5 = 45 PI
xaminer		e. Fecility Neme (If not institution Union Memorial	Hospital				Ва	ltimore		4c. County	N/A	
neral ector		227–48–4103	6. Sex 1 □ M 2 🟋 F		70 Yrs.	If Under 1 Months		f Under 24 Hrs. Hours Min.	8. Dete of Birth Month, Day JUNE 6	,1927	9. Birthple Count VI	RGINIA
		Jsuel Residence of Decedent  0a. State 10b. County		10c. C	ity, Town or Lo	cation	Н.				10	d. Inside City Limits
notified at	2	MD	N/A			F	BALT	IMORE				1 Yes 2 No
be notified Director	1	0e. Street end Number				10f. Zip (	Code		10	g. Citizen of V	Vhet Count	y?
		4517 NORTHW	OOD DRI	VE			2	21239			USA	
Examiner must by Funeral		1. Maritel Status 1 Never Married 2 Mem 3 Widowed 4 Divorced	Armed Fo	2 No		Was Decede f Yes, specif 1 ☐ Yes 2	**	enic Orlgin? (Sp Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)		a - America ck, White, e	tc.
Completed	3	15. Decaden	t's Education		16e. Deced	dent's Usuel	Occupetlo	on ing most of work	king 1	6b. Kind of Bu	usiness/Indu	ustry
old m		Elementary/Secondary (0-12)	College (		life. L	DO NOT use	e retired)			241	DDTC	
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To Be	5	UNKNOWN	,						IA BANK			
THE PERSON NAMED IN		19e. Informent's Name/Reletions						d Number or Ru	rel Route Number,	City or Town,		
ar tra	1	BETTIE JENK	INS (DAI	UGHTER	451	7 NOR	RTHWC	OOD DR	IVE BAL	TIMOR	E, MI	21239
6	2	0e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion	3 □Removel from	State	Piece of Dispo cometery, cren	netory or oth	her plece)			Oc. Location -		
		4 □ Donetion 5 □ Other (S <sub>i</sub>		N		CREMA						LE, MD.
any injury	12	21. Signature of Funeral Seurce	bioensee	0					PLE FUNI			
	+	Paul Spirit the disease or	JE UT	grand the dea								ID 21215
an	1	23a Part Enter the diseese, or hock, or heart fellure. List	only one cause on a	ech line.	in. Do not ente	er the mode	or aying, s	such es cardiec	or respiretory erres	SI,		Approximete Intervai Between Onset end Deeth
cian ical	1	mmediete Ceuse (Finel	44.	110	ac shale	0-11	رسلت	286 54	[m. n			Sumbo
ner		disease or condition esulting in death)	e. HW	Due to (	or as e conseq	uenca of):	12/16	c 33 3 gr	ndrome ry Dise			2 weeks
iner			Ch	ronic	Obstru	ctive	. Pu	lenona	ru Dise	ase	>	10 years
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8 8		-	d									
Physician/	Р	ert II. Other significant conditio	na contributing to de	eath but not re:	sulting in the ur	nderlying cau	use given i	in Pert I.	23b. Did tob	acco use cor	tribute to t	the cause of death?
detached for Physicia		preumo	nia						1 1 Yes	2 □ No	3 Probe	ibly 4 Unknown
2 2		· · · · · · · · · · · · · · · · · · ·		-							0.45	A R
page 2 should									24e. Wes en performe		evei	e eutopsy findings leble prior to pletion of cause
N D									_/	/		eeth?
		5. Wes case referred to medical						0 Di ( D	1 <b>4</b> es		1 🗆	Yes 2☐Mo
o Be		exeminer?	Hospitel:	Inpatient 2	ER/Outpatien	t 3□ DOA	Other		th (Check only one) ome 5 Residen		or (Considu)	
res .	2	7. Meaner of Deeth	28e. Dete		28b. Time of		c. Injury et Work?		28d. Describe how			
		1 Netural 5 Pending investig	ation	in, Day roar,	Injury	М		s 2□No				
a la		3 Sulcide 6 Could r	200. PIECE	of Injury - At h	nome, ferm, stre	et, factory,	offica		28f. Location (Stre City or Town,		er or Rural	Route Number,
d in by the		4 Homicide										
etety filled in by the funera dical Certification:		9e. Certifier 1 Certifying	g Physician: To the Examiner: On the ba	asis of examine	owledge, deeth etion end/or inv	occurred et estigetion, ir	the time, on my opinion	dete end pleca, on, deeth occur	end due to the ceu red at the time, det	ise(s) end me e and plece, s	nner as ste and due to t	ted. he cause(s)
completely filled in by the Medical Certificat	2	9e. Certifier 1 Certifying (Check only 2 Medical E	examiner: On the ba	best of my kno asis of examine ner stated.	owledge, deeth etion end/or inv	estigetion, ir	the time, on my opinion	on, deeth occur	red at the time, det	ise(s) end me e and piece, a d. Dete signed	and due to t	he cause(s)
pletaly fill	2	9e. Certifier 11 Certifying (Check only 2 Medical E	end man	asis of examine ner stated.	etion end/or inv	estigetion, in	n my opinio	on, deeth occur umber	red at the time, det	e and plece, a	ind due to t	he cause(s) ey, Year)

Registrar

31. Dete filed (Month, Day, Year)
AUG 2 6 1997



		FLM#G750	State of M	nt in Black In laryland / Dep		Health and	Mental Hyg	giene 97	25894		
_		I TEM#21 PER ANATO  1. Decedent's Neme (First, Middle, Le		1/97 J.A. CE	illicate o	Dealli	2. Dete of Dee	Reg. No.	2 Time of Death		
Physicia /Medic							Month Aug.	2 1997	3. Time of Death 8:42 p		
Examin	-	4a. Fecility Neme (If not institution, give street and number)				4b. City, Town, or Location of Death 4c. County of Deeth					
		The Memorial Hospital  5. Sociel Security Number 6. Sex 7. Age (In vrs. last birthday) Under 1 Ye				Eastor	:				
Funeral Director			Dex 7. A	ge (In yrs. last birthday 74 Yrs.	Months Day			r, Year)	inthplace (State or Foreign Country) .timore		
show dat		10a. Stete 10b. County 10c. City, Town or Location 10d.									
28a-f sho	Funeral Director	MD Caroline Denton, MD									
or 20	Dire	10e. Street and Number 10f. Zip Code 10g. Citizen of W							Country?		
23	ral		JSA								
Per m	une	Armed Forces? If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bje							erican Indien, ite, etc.		
Hygiene. ther than "natural", or Hema 23a or 28a-f show int, the Medical Examiner must be nottled at	þ	1 ☑ Never Merried 2 ☐ Married  1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Deles:Unknown  1 ☐ Yes 2 ☑ No Specify: Specify:									
na	Completed	15. Decedent's E (Specify only highest gra	ade completed)	(Giv	edent's Usuel Occ e kind of work dor DO NOT use ret	cupation ne during most of wo ired)	rking		of Business/Industry		
liene.	ошо	Elementery/Secondary (0-12) Unknown	Coilege (1-4or	5+)	Road			State of Maintenar			
d other the	Be C	17. Fether's Neme (First, Middle, Last	)					Meiden Surneme)			
h end Mental Hygiene.  I a marked other than  Iraumatic event, the M	ToB	Hendrick Unknown									
0 0 0		19e. Informent's Neme/Reletionship (	Type, Print)	19b. Mei	ling Address (Stre	et end Number or R	ural Route Numbe	r, City or Town, State,	own, State, Zip Code)		
Itam 27 other tr		Social Worker Wesleyan Nursing Home Denton, MD 21629									
5 = 5		20e. Method of Disposition  20b. Plece of Disposition (Name of cemetery, cremetory or other pleca)  20c. Location - City or Town, Stete									
tant: If Its jury or o		4 □ Donetion 5 ☑Other (Specify) State of MD									
Department Important: It eny Injury o		21. Signeture of Funerel Service Licenson 22. Name and Address of Facility									
D E O O		N/A STATE ANATOMY BOARD 655 W. BALTIMORE STREET BALTIMORE, MARYLAND 21202									
		23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line.  Approximate Intervel Between									
ysician Nedical		Immediete Cause (Finel		,					Onset end Deeth		
miner		disease or condition resulting In death)	e. Theumania						west		
	- e	In the state of th	1								
sician and bunal-transit	Examiner	Sequentially list conditions, If eny, leeding to immediate cause. Enter Undertying									
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as the	Per	resulting in deeth) Last									
attending for use as	an		d						1		
the atte	Physician/Medical	Pert II. Other eignificant conditions of	onditions contributing to death but not resulting in the underlying cause given in Pert I.					23b. Did tobacco use contribute to the cause of death			
ed by the detached	Ph	Partinson 3 Dz; Science dlo, CAPARE 10 400 20 NO Obstructive Pulmonery Dz; Diabetes Mellites 240. Wes en europsy performed?							35 Frobably 4□ Unknown		
5.8	by	10011100	2	C (200 - 1)			200.052	Lan			
should	Completed	Obstructive	Pulmara	~ D2:	Diabet	es Mellita	24e. Wes e		. Were autopsy findings evelleble prior to completion of cause		
has ye 2	d H			(				4.0	of death?		
							1 U Y	es 2 No	1 ☐ Yes 2 ☐ No		
recto	Be										
	7. 10	1 ☐ Yes 2 ☑ No 27. Menger of Deeth	2 Inpatient 2 ER/Outpetlent 3 DOA   4 Nursing Home 5 Residence 6 Other (Specify)						ecify)		
th. : After s fune	tlor	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigatio	(Month, De	y Year) Injury	V	vork? □ Yes 2 □ No		,.,,			
offer death.  Director: A  I in by the fu	Certification:	3 Sulcide 6 Could not be determined	200. Flaca Ul III	jury - At home, farm, sic. (Specify)	treet, fectory, offic	ca	28f. Location (Street end Number or Rural Route Number, City or Town, State)				
교육부		29a, Certifier 12 Certifying Ph	velcien: To be best	of my knowledge dee	th necurrend at the	time data and sla-	and due to the	auco(c) and manner	as stated		
	()		yardan : 10 me best niner: On the basis o	of my knowledge, dee f examination and/or in	m occurred at the	unte, date end piece y opinion, death occu	o, end due to the c irred et the time, d	ause(s) and menner e lete end pleca, end du	es steted. le to the cause(s)		
To the Fun completely	edicai	one)	and mariner st	ated	and a second second						

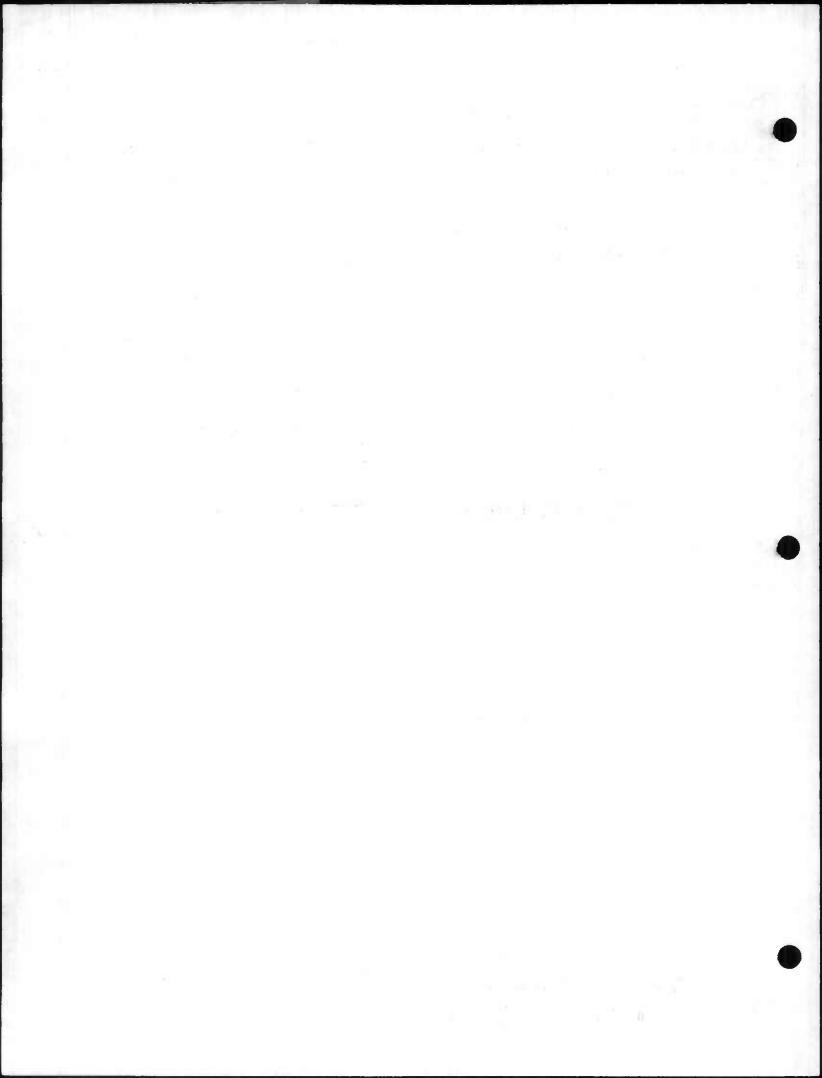
047492

State Registrar 30 Neme end eddress of person who completed cause of deeth (Item 23) (Type, Print)

31. Dete filed (Month) Day, Year)

AUG 2 6 1997

July Davidson-Roberts



State of Maryland / Department of Health and Mental Hygiene 25895 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Carolyn Louise HAZELIP August 1997 3:00 P.M. /Medical 4a. Facility Name (If not Institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore 8. Date of Birth (Month, Dey, Time 5, If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) Pennsylvania Months Days 1□ M 2 F 212 34 4585 60 Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Baltimore Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 918 Renfrew Street 21221 USA Funeral 11. Marital Status Was Decedent Ever in U,S. Armed Forces? 14. Race - American indian, Black, White, etc. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yes 2 ☐ No If Yes, Giva X Yaar or Dates: 1 Nevar Married 2 Married 1 ☐ Yes 2X No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 10 College (1-4or 5+) Housewife Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Charles Wingle Lorraine Schwartz 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donald Hazelip (husband) 918 Renfrew Street Essex, Maryland 21221 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from Stata Belair Memorial Gardens 8/25/97 Belair, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Nama and Address of Facility Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Essex, Maryland 21221 23a. art1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each lina. Approximata Interval Betw Onsat and Death Immediate Cause (Final disaasa or condition resulting in death) 60 minutes Respiratory Failure Due to (or as a consequence of): Diffuse Pulmonary Infiltrates of Uncertain Etiology 1 month Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as e consequence of): Physician/Medical Due to (or as a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Hypertension 1 Yas 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpetiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Deeth 28a. Dete of injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 Neturai 1 Yes 2 No investigation 2 Accident 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier I⊠ Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

☐ Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signatur 29c. License number 29d. Data signad (Month, Day, Year) August 21, 1997 D42083

9000 Franklin Square Dr. Baltimore, Maryland 21237

State Registrar address of person who completed cause of deeth (item 23e) (Type, Print)

32. Registrar's Signature

January Ason-Pandell

Gunta Wheeler

Date filed (Month, Day, Year) AUG 2 6 1997

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Modical Examinat must be notified as

Peges 1 and 2 should be filed within 72 hours after or nent of Health and Mental Hygiene.
ant: If Item 27 Is marked other than "natural", or ites ury or other traumatic avent, the Medical Examination.

Department of Important: If any injury or once.

**Physiclan** /Medical

Examiner

bunel-transit

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USB as

signed by I

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certificate

this funerel

After

Director: A

or Attending Physician:

page 2 should

and

physician

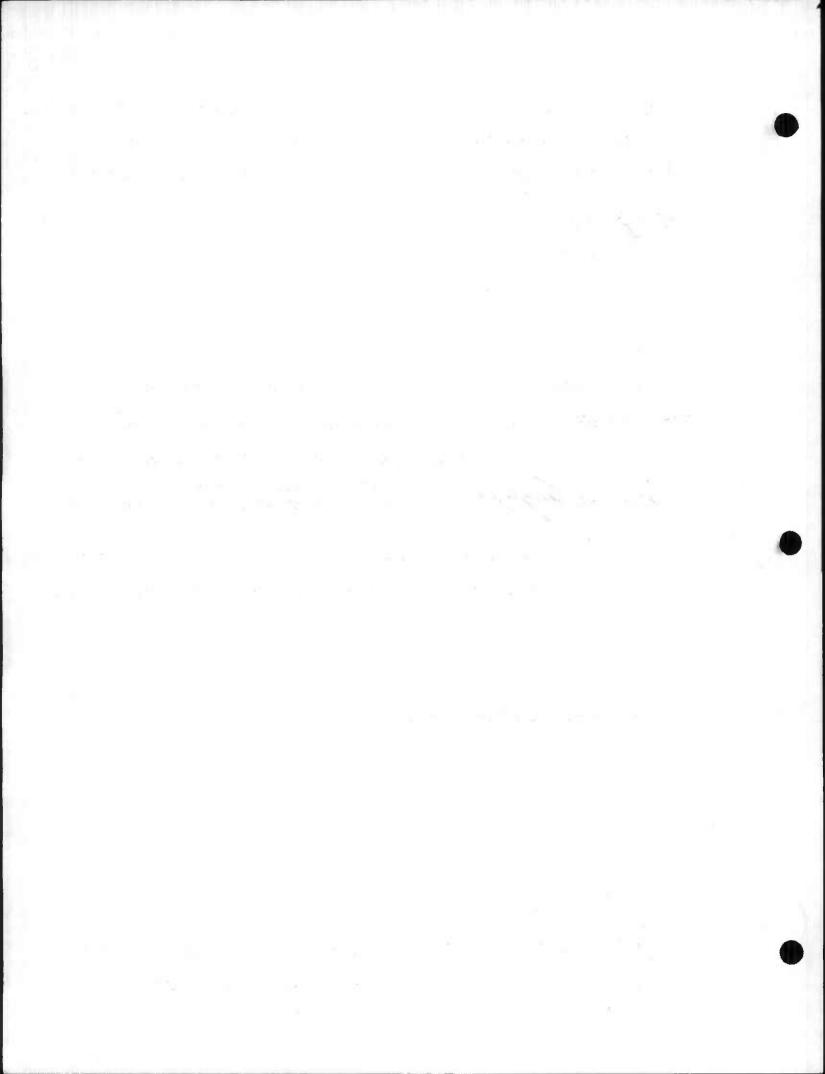
The lew requires that the death certificete be executed

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

death with the Maryland

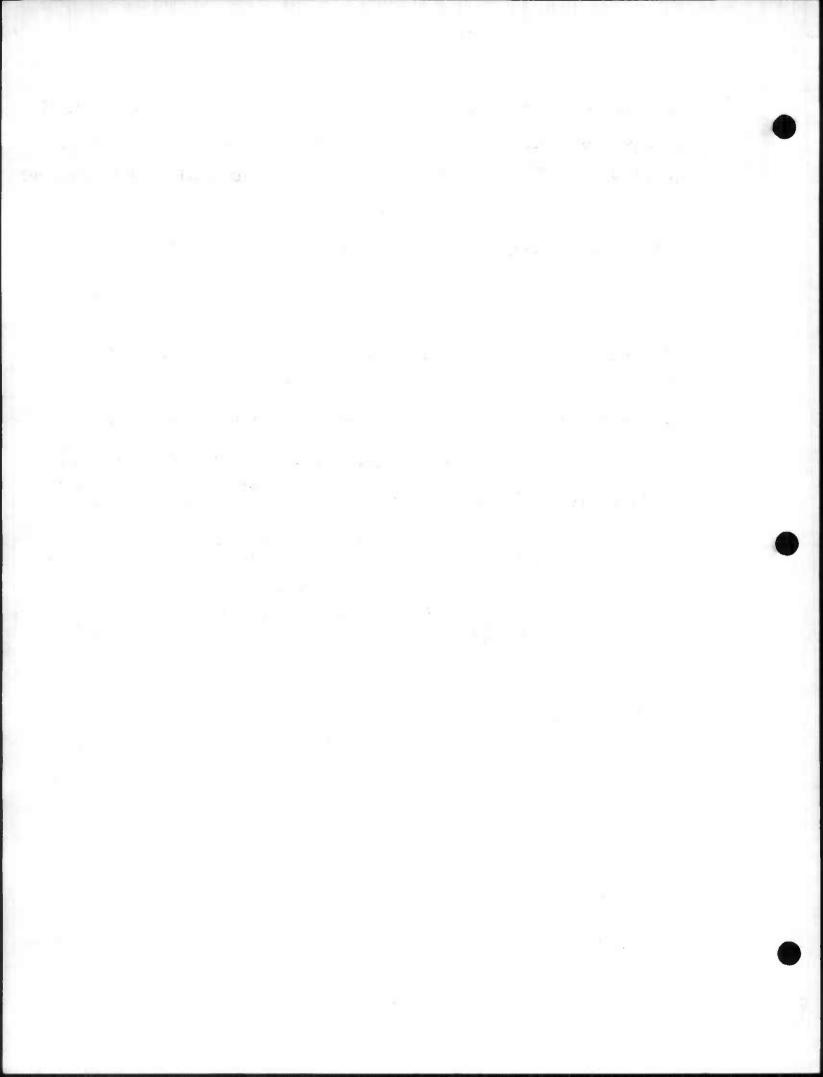
**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 9.7

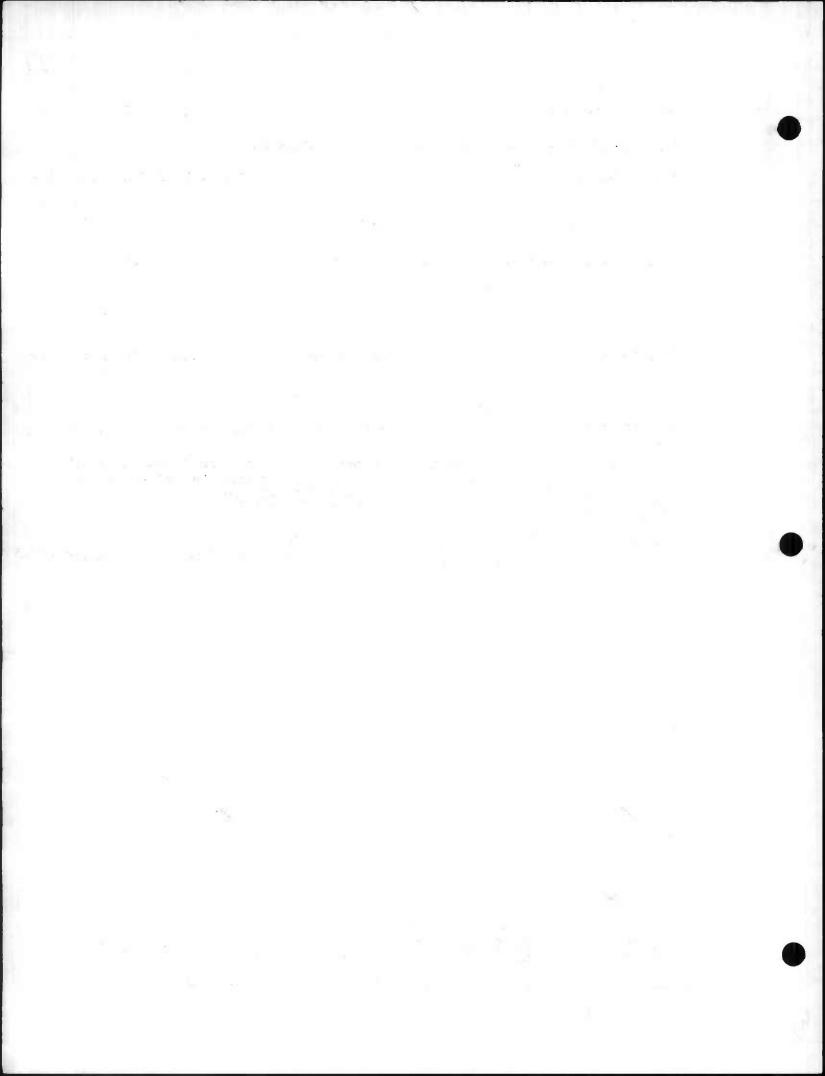
25806

				Oldio Ol III	ary raina r		tificate of	Death	violitati i i j	Reg. No.	01 6	20096	
Physic		ian	Decedent's Name (First, Middle, L.						2. Dete of Do	eath % Dey22	Year97	3. Time of Death	
	/Medi	cal	GEORGE 4a. Facility Name (If not institution, gi	HOWA	RD			4b. City, Town, or L				1225	
1	Examii	ner		NOLLS	2250	THO	2 DIE					SORE	
H	Funeral		5. Social Security Number 6.	Sex 7. Ac	e (In yrs. last b	pirthday)	If Under 1 Yee	r If Under 24 Hrs.	8. Date of Bi			ce (State or Foreign	
	Director		216-12-236 Usual Residence of Decedent	1 <b>2</b> M 2□F	95	Yrs.	Months Days	Hours Min.	10 . 11 .			LMOREMD	
imore, Maryland 2121	Maryland a-f ahow	To Be Completed by Funeral Director	Md. 10b. County n/a		10c. City, To Balt	wn or Loc imore	eation					I. Inside City Limits	
	ith with the 23a or 28		10e. Street and Number 524 N. Charles S		10f. Zip Code 21201				10g. Citizen of What Country? USA				
	72 hours efter death with the Maryland natural', or items 23a or 28a-f show diest Examiner must be notified at		11. Marital Stetus  1 Never Married XXMarried 3 Widowed 4 Divorced	Armed Forces?	1X☐ Yes 2☐ No If Yes, Give		Was Decedent of Hispanic Origin? (Specify Yes or If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  1 ☐ Yes 2♥No Specify:			No- 14. Race - American Indian, Black, White, etc.  Specify: Black			
	in 72 hours "natural", legical Exe		15. Decedent's E (Specify only highest g	ducation ade completed)	de completed) (Gi life College (1-4or 5+)		Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)			16b. Kind of Busines		stry	
	withir ana. than		Elementary/Secondary (0-12)	College (1-4or			Chauffeur			Baltimo	imore City		
	Hygi H		12th Grade 17. Father's Name (First, Middle, Las	1)	- C	iauri	Leur	18. Mother's Neme (First, A					
	0 5 0 0		Jacob Howard					Sussie Ma		atthews			
	d 2 sh th end 7 is m traum		19a. Informant's Neme/Reletionship Sarah H. Howard	(Type, Print) Wife	19			et and Number or Ru Les Street				ode)	
	200		20a. Method of Disposition	Removal from State	20b. Place camer	of Dispos ery, crem	lition (Name of atory or other pl	ace)	Date	20c. Location	- City or Towr	, State	
	permit. Pag Department Important: If any Injury o		4 Donation 5 Other (Spec	**	Garri	- T		eterans /	Aug 26	Owings	Mills,	Md.	
Ва	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Licansee  22. Name and Address of Facility  Nutter Funeral Homes, Inc.  2501 Gwynns Falls PKWY Baltimore, Md. 21216										
,	•	ner	23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Shock, or heart failure. List only one cause on each line.  Approximate Interval Between										
	Physician /Medicai		Immediate Cause (Final disease or condition resulting in deeth)  Due to (or as a consequence of):  Onset and Death  Onset and Death  Onset and Death										
	Examiner												
ч	D #			Coxo	nara	92	to.	dise	ese		c	1egrs	
	iceta be axecuted physician end s the buriel-transit	Examiner	Sequentially list conditions,  Due to (or as a consequence of):										
Division of Vital Records, P.O. Box	be ax	Medical Certification: To Be Completed by Physician/Medical Ex								are		lear	
	5 00		resulting in death) Last										
	a deeth cert he attending hed for use		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							3b. Did tobacco use contribute to the cause of death?			
	es that tha de igned by the a be detached		Chronic obstructive air way disease							1  Yes 2 No 3 Probably 4 Onknown			
	aw require is been sig 2 should b									s an autopsy ormed?	eveile	e eutopsy findings able prior to detion of cause eth?	
	The law ate has pega 2								10	Yes 2. No	101	Yes 20 No	
			25. Wes case referred to medical examiner?					26. Place of Dea	th (Check only	one)			
	Physic this or ral dire		1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)										
	After funer		27. Manner of Death  1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)  28b. Time of Injury at Work?  M I   Yes 2   No									
	f or Attendia after death. Director: A d in by tha fu		2 Action							f. Location (Street and Number or Rural Route Number, City or Town, State)			
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by tha		29a. Certifier (Check only (Check only 2 ☐ Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									ed. ne cause(s)	
	To the within 2 To the comple		29b. Signature and title of cartifier	and manner st			29c. Licer	nse number		29d. Date signe	ed (Month, Da	iy, Year)	
			Amatun A	1. Male	m		D	1550	3	Augu	st 2	2,1997	
	10		30. Name and address of person who	completed cause of c	eeth (Item 23a	(Type, P	Phin	street	B.1	himore	, mi	2,1997	
	Sta Registr		31. Date filed (Month Day, Yeer) AUG 2 6 1997	2 Regist	ar's Signatu	bryda,88							



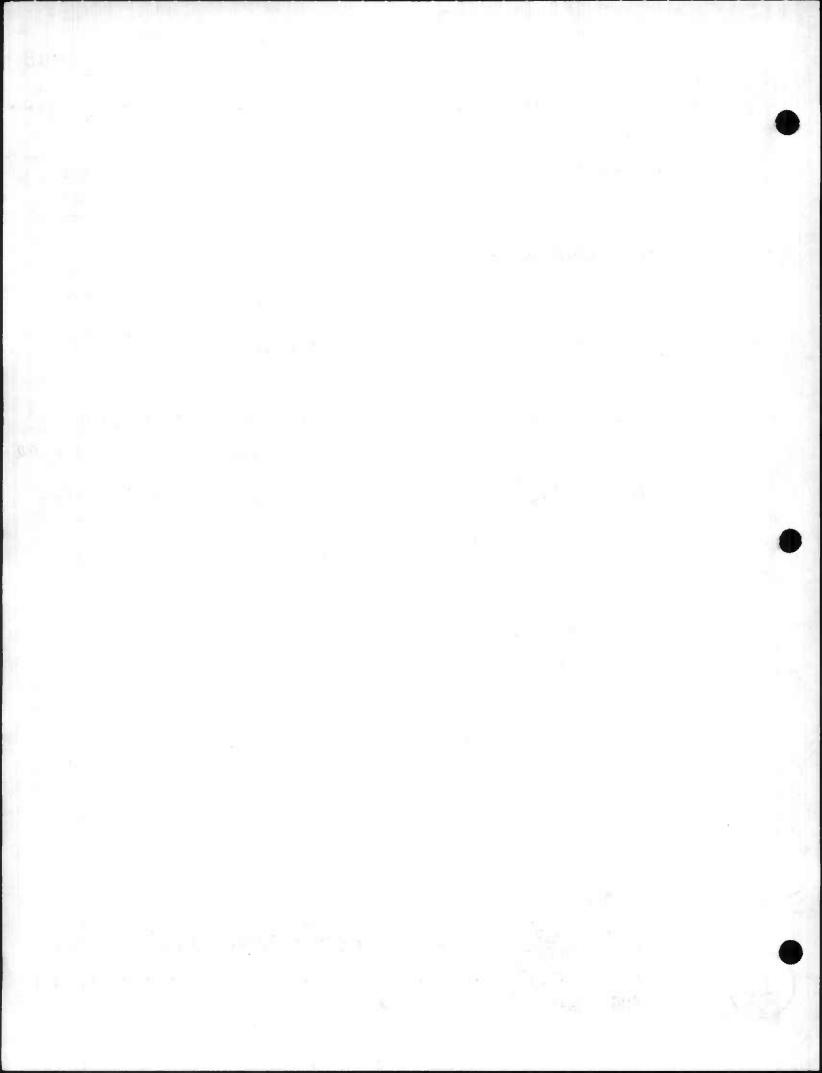
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_			1. December 10 Name (F	7 8814-4- 8			Certificate of		F	Reg. No.	97	25897
п	Physici	an	1. Decedant's Name (Fi						2. Date of Dea Month	Day	Year	3. Time of Death
	/Medi		Barbara	A. Har	t		, , , , , , , , , , , , , , , , , , , ,		August	20, 19	97	6:10a.m.
	Examir	ner	4a. Facility Name (If not	t institution, give	street and number	7)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
			3333 Winte	erbourne	e Road	Apt. B2		Baltimore	2	n	/a	
г	Funeral		5. Social Security Numb	per 6. Se	7. A	ge (In yrs. last birti	hday) If Under 1 Year	if Under 24 Hrs.	8. Date of Birtl	1		ace (State or Foreign
	Director		219-44-41 Usuei Rasidence of Dec	14	JM 2 <u>M</u> F	58	rs. Months Days	Hours Min.	Jan 5,			Carolina
	anyland show			b. County		10c. City, Town					10	d. Inside City Limits
	W I	Director	MD	n/a		Ba	ltimore					1 X Yes 2 ☐ No
	# 12 m	lire	10e. Street and Number	r			10f. Zip Code			10g. Citizen of W	/hat Countr	ry?
	h wi		3333 Winte	erbourne	Road	Apt. B2	2121	16			USA	
	deat	Jer	11. Marital Status	CLOCALII	12. Wes Deceden	t Ever in U.S.	13. Was Decedent of I		pecify Yes or No-		- America	n Indian,
Maryland 21215-0020	172 hours after death with the Maryland "naturel", or leams 23e or 28e-f show adical Examinet must be morthed at	by Funeral	1 Never Married		Armed Forces 1 ☐ Yes 2 X If Yes, Give Year or Dates	No	If Yes, specify Cub  1 ☐ Yes 21 No		Rican, etc.)	Specify:		
ö	fur	Pa	15	Decedent's Edu			Decedent's Usual Occu	nation		16b. Kind of Bu	Blac	
15	C 2 40	Completed	(Specify o	only highest grad	le completed)	100.	(Give kind of work done life. DO NOT use ratire	during most of wor	king	160. Killu ol Bu	SITIESS/ITIQU	istry
12	yiena.	E D	Elementary/Secondar		Collega (1-4or	5+)				Contain	C =	
77	T3 170 hr		12th Grade				Housekeep		AFILIA A MINISTER			ity Admin
Ĕ	0 4 5	Be	17. Fether's Name (Firs	ii, Middle, Last)				18. Mother's Nam	ie (First, Middle,	Maidan Sumam	e) unk	known
N S		0	John Cash					Eva				
a	d 2 should th and Mer 7 Is marks traumatic		19a. Informant's Name/	Relationship (T)	ype, Print) SC	on 19b.	Mailing Address (Stree	t a <i>nd Number</i> or Ru	ral Route Numbe	r, City or Town,	State, Zip C	Code)
	5 70 00 5		Carolton 1	Hart		333	3 Winterbo	urne Road	Raltimo	bM arc	2121	6 Ant D2
9	of Heal		20a. Mathod of Disposit			20b. Piece of	Disposition (reame or		Date	20c. Location -	City or Tow	m, State
2	Pages nent of h int: if its ury or of		1 ⊠Burial 2 □ Cr	remation 3 🗆 F	Removal from State		, crematory or other pla		00			
==	tand Jun		4 □ Donation 5 €			MoodTa	wn Cemetery		lug 23rd			
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Ednera	y Service Licent	Y.	/.	22. Name and Address 2501 Gwyr Baltimore	ns Falls	utter Fu Pkwy 216	neral H	omes,	Inc.
	Physician /Medical Examiner	er	23a. Fant, Enfor the di shock or heart fai Immediate Cause (Fina disease or condition resulting in death)		ne causa on each	Dua to (or as a c	ot enter the mode of dyi		or respiratory en			Approximete interval Between Onset and Death
68760,	ficate be axecuted physician and as the burial-transit	edical Examiner	Sequentially list condition if eny, leading to immediate. Entar Underlyin Cause (Diseasa or injurthat initiated events resulting in death) Last	ons, diate g	b	Due to (or as a co						
					d							
Box	death cert e attendin ed for use	lan										
	e de she she she she she she she she she sh	sic	Part II. Other algnificant	t conditions cor	ntributing to death	but not resulting in	the underlying cause gi	ven in Part i.	23b. Did to	obacco usa con	tribute to t	the cause of death?
s, P.O.	s that the med by the e datache	by Physician/M							101	08 2 No	3 Probe	ably 4 Unknown
of Vital Record	e law requires that the death cert has been signed by the attendin ge 2 should be datached for use.	Completed			- 10, 72				24a. Was a perfor	an eutopsy med?	evail	re eutopsy findings ilable prior to apietion of cause aath?
T .	m - m	0							1 🗆 Y	es 22 No	10	Yas 2□ No
<u> </u>	ilclan: The certificata rector, pag	Be C	25. Was casa referred to	o medical				26. Place of Daa				
5	Physician: this certific ral director,	OB	examinar?	_	lospital:	all ED/0-4	Ot DOA Ot	hae	-		40 44	
on of	ding Phys h. After this funeral di	tion: To	27. Manner of Death	Pending investigation	28a. Date of Inj (Month, D	ury 28b. Ti	me of 28c. inju	ry at rk?		ance 6 □Othe ow injury occurre		
-	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident 3 Suicide 6	Could not be determined	28e. Place of Ir building, e	ijury - At home, fari tc. (Specify)	m, street, fectory, office		28f. Location (S City or Tow	itreet and Numbern, State)	er or Rural i	Route Number,
	To the Hospital of within 24 hours of To the Funeral D completely filled in	edicai C	29a. Certifier (Check only one)	CertifyIng Phys Medical Exami	ner: On the basis of	of examination and	death occurred at the ti	ma, data and place, opinion, death occur	and due to the c	ause(s) and mar late end piece, a	nner as sta ind due to t	itad. the cause(s)
	the the	Me M		of cartifier	and manner s	1- 1	20a Liana	e number		Od Data clan	/Month C	lay Voor!
	5 ± € 0		29b. Signeture end title	Or certifier	14/1	13/1/2	29c. Licens	oo number		29d. Date signed	AMONTH, D	uy, 1841)
	^		4	no	Nue	21/8	0 0	1453	2	81-	22/	17
	1		30. Nama and addrass o	11	emplated causa of	daath (Item 23a) (1	Type, Print)	more	Md	21701		
Γ	Sta Registr		31. Dete filed (Month, Di			var's Signature	lesso.					



State of Maryland / Department of Health and Mental Hygiene

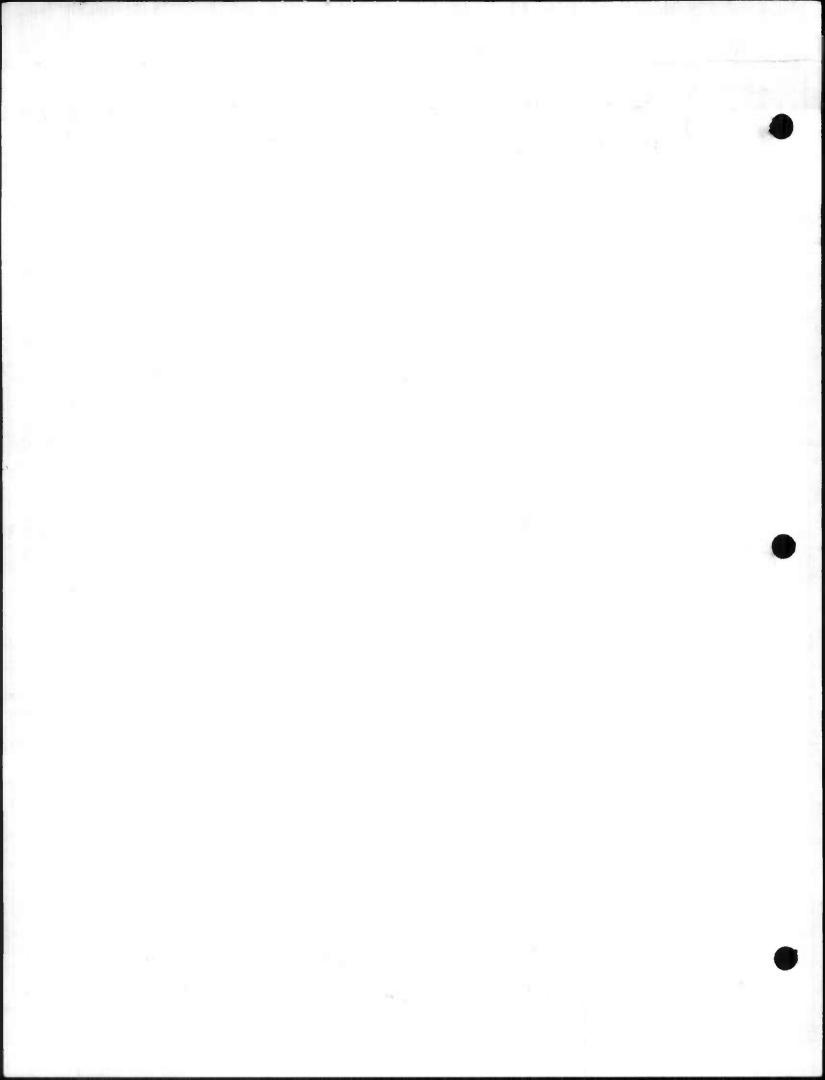
					Ce	rtificate	e of	Death		R	eg. No.	- 1	20020
Physici		1. Decedant's Nama (First, Middla, Nellie	Last) Mae	Ho	rris					2. Data of Deal	th Day	Year	3. Time of Death
/Medic Examin		4a. Fecility Nama (If not institution,			111					ation Death	2-( 4c. Count	y of Death	7,45
Funeral Director		5. Social Security Number 115 - 30 - 7665	Sax	7. Aga (In yrs.		If Undar Months	1 Yaar Days	If Under 2		8. Date of Birth (Month, Dey	Yaer) 25	9. Birthp Coun	alaca (State or Foraig
show	J.	Usual Rasidanca of Dacadant  10a. State 10b. County		10c. Ci	ty, Town or Lo	ocation	~					1	0d. Insida City Limit:
with the Meryland a or 28a-f show the notified at	Directo	10a. Street end Number	- l	0	LONH	10f. Zip	Coda	206		1	0g. Citizan of	What Coun	itry?
or items 23	by Funeral Director	5427 Om  11. Marital Status  1 Navar Married 2 Married 3 D Widowed 4 Divorced	12. Wes Dace Armed Fo	2 12 No va			lant of I	Hispanic Orig ean, Maxican,	in? (Spec Puarto R	ify Yas or No- ican, atc.)	14. Ra	ce - Amaric ck, Whita,	an Indian,
within 72 hours ene. than "natural",	Completed	15. Dacedant's (Spacify only highast Elamantary/Sacondary (0-12)	Education		16a. Dace (Giva lifa.	dant's Usue kind of wor DO NOT us	l Occup k dona a ratire	during most		g	16b. Kind of B	usinass/inc	Public
Z should be filed within end Mentel Hygiene. Is marked other than sumatic event, the M	Be	12th grade 17. Fether's Neme (First, Middle, Le						Teac		(First, Middle, M	Maidan Sumar	na)	School
	To	19a. Informant's Name/Raletionship  Tonathan	(Type, Print)	)	19b. Mailin	ng Addrass	(Straat	and Number	r or Rural	Route Number	City or Town	, Stata, Zip	Code) MD 2//32
ment of Health ant: If item 27 ury or other t		20a. Mathod of Disposition  1 Burial 2 Cramation 3 4 Donation 5 Other (Spe		State	Place of Disponentary, crar	sition (Nam	a of			Data :	20c. Location	City or To	
Demir. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Lic	ensee		22	Nama and	d Addre	ess of Facility	TA	T 111	01 F.	Noc	th Ave
ysicia he bur	Icai Examiner	Immediate Ceusa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if eny, leading to immediata ceusa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last	a. <u>Ca</u> b. Hy		or as a consequence of a consequence of	uance of):	m	J fan	l	re			3 mout
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has the	Completed								-	perform		cor	ellabla prior to implation of ceuse death?
certificate rector, pag	BeC	25. Was cesa rafarrad to medicel						28. Place o	of Daath	Check only on			3100 822110
l d	၉	axaminar? 1 ☐ Yas 2 🕱 No  27. Mannar of Death 1 🖾 Netural 5 ☐ Panding	-	npatient 2 D	ER/Outpatien 28b. Tima of Injury	-	A Oth	ner: 4 Nurs	sing Hom	e 5 Resida	nce 8 🗆 Oth		)
Director:	Certification	2 Accident Investiget 3 Suicide 6 Could not determine	be 28a. Place	of Injury - At ho	oma, farm, str	M aat, factory,		Yes 2□N		of. Location (St. City or Town	reat and Numb , Stata)	ber or Rura	l Routa Number,
24 hour Funer stely fill	edical C	29a. Cartifiar 1 Certifying F (Check only one)	Phyeiclan: To the aminar: On the be and mann	asis of axamina	wladga, daath tion and/or inv	occurrad a	t tha tir	ma, data and opinion, daath	place, an	d dua to tha ca l et tha time, da	usa(s) and mi	annar as st and dua to	ated. tha causa(s)
within 24 h To the Fun Completely	Me	29b. Signeture and title of certifier	He ,	M.D		29c.	Licans	se number	94	46 2	od. Date signe	d (Month, L	Day, Yaar) + 1997
47		30. Nama and address of person who DERON 07	169	a of death (Itam	ion	Print) Mar	ng	rial	Ho.	petal	Balk	mor	e, MD
Stat Registra		31. Date filed AUG 26 199	7. 3	agistracia Signa Veryana	n-Rando	200							



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State of Maryland / Department of Health and Mental Hygiene 97 25899

Physici		1. Decedent's Nama (First, Middla, La		. 4				2. Data of De		Year 3.	. Tima of Deeth
/Medi		Jeanette	Hirschfe	10				Augus	Pay 20	1997	0907PM
Examir		4a. Facility Nama (If not institution, give	va street and number)	0		4b.	City, Town, or	Location of Deat	1		
		Howard Cour			Hospi	tal		mbia		lowar	
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-f show	tor	10a. Stata 10b. County FL BROWA		C. City, Town o		LE LAK	ES				Insida City Limits
23a or 28a st be not	Funeral Director	10e. Street and Number 3000 NW 48TH T	ERRACE, APT.	. 125	10f.	Zip Coda 3331	3		10g. Citizen of USA	What Country?	
"natural", or items 23a or 28a-f show edical Examiner must be notified at	by	11. Marital Status  1 Nevar Married 2 Married	12. Was Decedant Eva Armed Forces? 1  Yas 2 No If Yas, Give Yaar or Datas:	r in U,S.			panic Origin? (S Maxican, Puar Specify:	Specify Yas or No to Rican, atc.)	14. Rad Bia Specifi	ce - Amarican ir ck, Whita, atc. y: WHI	ndian, ITE
than "natur he Medical	Completed	15. Decedant's E. (Specify only highest grant Elementery/Secondery (0-12)	ducation ade completed) College (1-4or 5+)	(6	ive kind of	suai Occupation work dona dur Tuse retired)	on ring most of wo	orking		usinass/Industr	у
ther than	S		2	ςς	QUALIT	Y CONT				RMENT	
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s marked o	2				COLLIN			RTHA		HITZ	
T Is		19a. Informant's Name/Ralationship ( SUSAN LOESER (Di	, r · · · · · · · ·		-			ural Routa Numb			ie)
item 27 other tr		20a. Mathod of Disposition		20b. Piace of Dicemetery,				PORT LI		- City or Town,	State
Important: If item 27 any injury or other ti once.		1 X Yurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif	Artanioval Ironi Stata	LINCOL			1	-22-1997			
any in	1	21. Signature of Funeral Service Licer	1		SOL	LEVIN	SON & E	BROS, INC	3.		1000
sician		23a. Parri. Enter the disease, or com shook or heart failure. List only	that caused the	daath. Do not	antar tha m	node of dying.	such as cardia	c or raspiratory a	rrast,	App	L208 proximata arval Between set and Death
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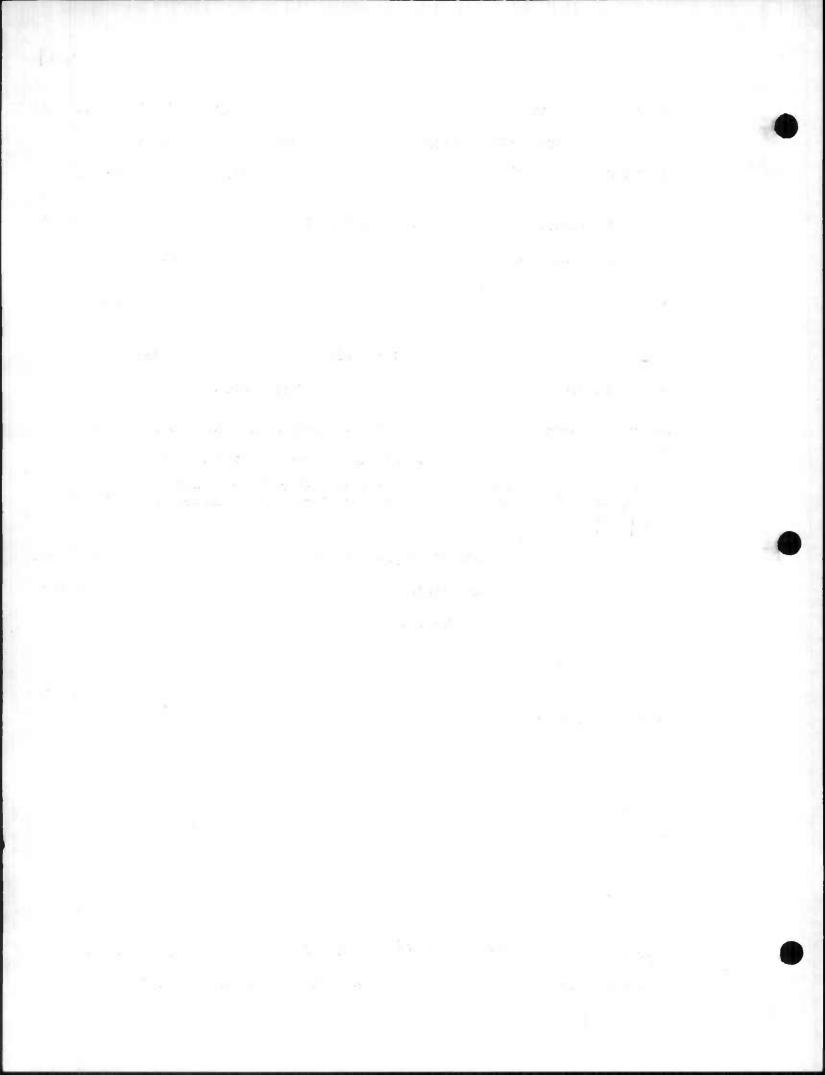
32. Registrer's Signeture

DHMH 16 Rev 6/95

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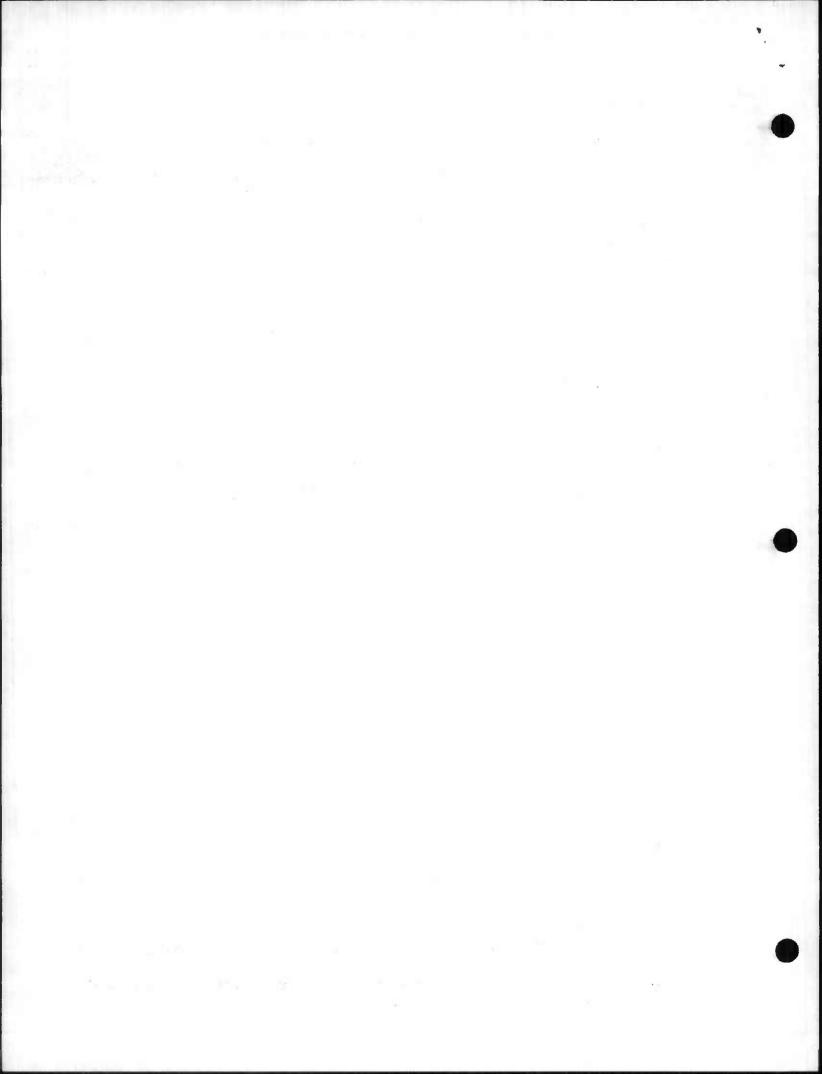
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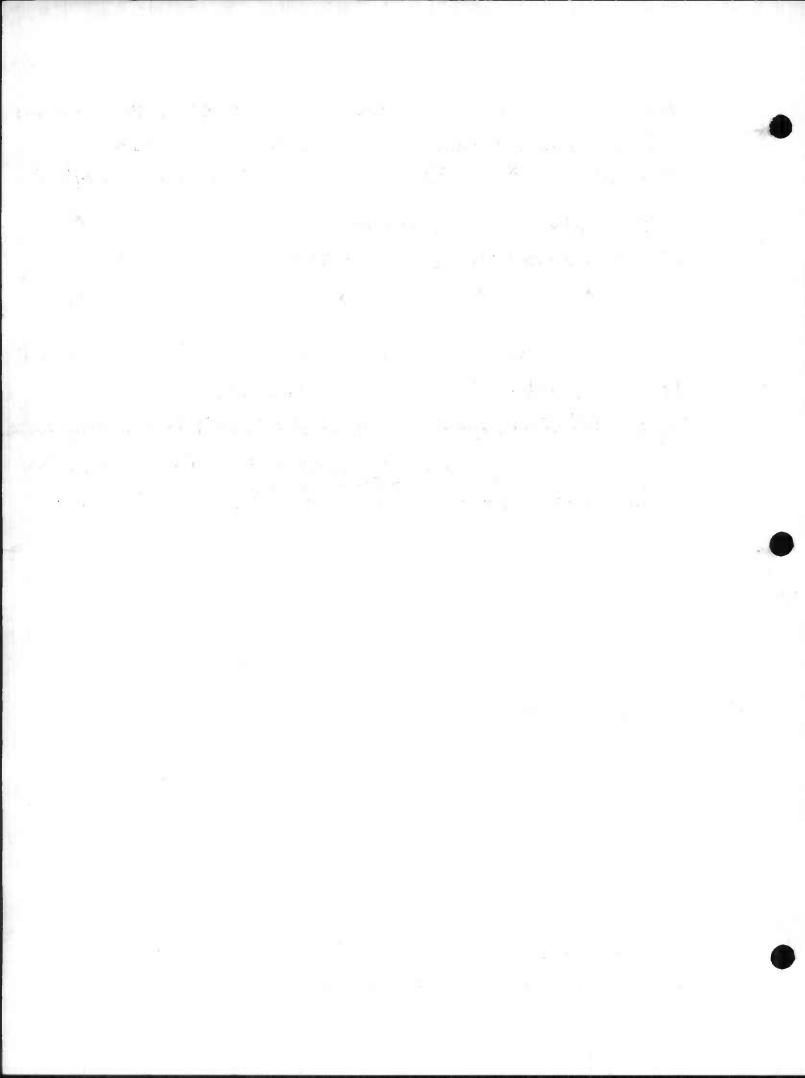
Physic							COI	Death		Re	g. No.		
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4 hours efter death. Funeral Director: After this certificate hes been signed by the ettencterly filled in by the funeral director, pege 2 should be detached for us	To Be Completed by Physician	25. Wes case referred to medical examiner?  122 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending Investigation of Could not determined  257 Accident 3 Suicide 6 Could not determined  29a. Certifier (Check only one)  1 Certifying P 2 Medical Examined	Hospitel: 1 Inp  28e. Dete of I (Month, Detection of building, hyelclan: To the be	atient 2 Enjury Dey Year) A 7 Injury - At horelc. (Specify, set of my knows of examinetia	ER/Outpetien 28b. Time of Injury 0 (30) me, farm, stru //du-c	t 3 DC	OA Ott	26. Plece of her: 4□ Nursin y et k? Yes 2 ☑ No	28d.	1 □ Ye  24a. Wes el perform  1 □ Ye  heck only on  5 ☒ Reside  Describe ho  Location (St City or Town  3 6 2 1  due to the cet the time, de	n autopsy ned?  is 2 No  is 2	24b. Were avail composed of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bly 4 Unkno
4 hours efter death. Funeral Director: After this certificate hes been signed by the ettencterly filled in by the funeral director, pege 2 should be detached for us	edical Certification: To Be Completed by Physician	25. Wes case referred to medical examiner?  12 Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending Investigative Structure 4 Homloide  29 Accident determiner  29a. Certifler (Check only)  25 Medical Examiner	Hospitel: 1 Inp  28e. Dete of Wonth,  28e. Piece of building,  hyelclan: To the be	atient 2 Enjury Dey Year) A 7 Injury - At horelc. (Specify, set of my knows of examinetia	ER/Outpetien 28b. Time of Injury 0 (30) me, farm, stru //du-c	t 3 DC	OA Ott	26. Plece of ner: 4□ Nursin ry et rk? Yes 2 ⊠ No me, dete end p	28d.	1 □ Ye  24a. Wes el perform  1 □ Ye  heck only on  5 ☒ Reside  Describe ho  Location (St City or Town  3 6 2 1  due to the cet the time, de	n autopsy ned?  is 2 No  e)  ince 6 Oth w injury occur  First and Numb. , Stete)  [Tags]	24b. Were avail composed of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bly 4 Unkno
eath. oor Alter this certificate hes been signed by the ettend the funeral director, page 2 should be detached for us	edical Certification: To Be Completed by Physician	25. Wes case referred to medical examiner?  122 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending Investigation of Could not determined  257 Accident 3 Suicide 6 Could not determined  29a. Certifier (Check only one)  1 Certifying P 2 Medical Examined	Hospitel: 1 Inp  28e. Dete of Wonth,  28e. Piece of building,  hyelclan: To the be	atient 2 Enjury Dey Year) A 7 Injury - At horelc. (Specify, set of my knows of examinetia	ER/Outpetien 28b. Time of Injury 0 (30) me, farm, stru //du-c	t 3 DC	Oth Other Model of the Indian Control of the	26. Plece of her: 4□ Nursin y et k? Yes 2 ☑ No	28d.	1 □ Ye  24a. Wes eiperform  1 □ Ye  beck only on  5 ☒ Reside  Describe ho  Howe  Location (St. City or Town  3 ₭ ጔ  due to the ce t the time, de	n autopsy ned?  is 2 No  is 2	24b. Were avail composed to the composition of de the composition of t	bly 4 Unknor  a autopsy findings able prior to pletion of cause eth?  Yes 2 No  Route Number,  Automate of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and the cause of the cause eth,  and th



State of Maryland / Department of Health and Mental Hygiene

97

			Certificate of Death	Reg. No.	20000
Tal.		Decedent'a Name (First, Middle, Last)		2. Date of Death	3. Time of Death
Physic		EVELYN P.	JOHNSON	AUGUST 20 1997	
/Med Exami		4a. Facility Name (If not institution, give street end number)		or Location of Death 4c. County of De	
LAGIII	,,,,,	2570 Edmondon Avenu	Bal	timore NIA	
Eumanal			s. lest birthday) II Under 1 Year If Under 24 H		irthplace (State or Foreign
Funeral Director		218-42-8288 10M 2XF	72 Yrs. Months Days Hours M	in. (Month, Dey, Year)	ountry)
		Usual Residence of Decadent		June 10, 1979 11	Daeyland
72 hours after death with the Manyland natural, or items 23a or 28a-f show pical Examiner must be notified at		10a. State 10b. County 10c. C	City, Town or Location		10d. Inside City Limita
Man A	Ş	md Na	Baltimore		1 Yes 2 □ No
the 28s	Director	10e. Street and Number	10f. Zip Code	10g. Citizen of What (	Country?
F 0 3		2570 Floreston Aug.	01000	1190	,,
7 2 E	Funeral	11. Marital Status 12. Was Decedent Ever in	U.S. 13. Was Decedent of Hispanic Origin?	(Specify Yes or No. 14. Racs - An	nerican Indian,
1 2 2	15	1 Never Married 2 Married 1 Yes 2 No	II Yes, specify Cuban, Mexican, Pu	erto Rican, etc.) Black, Wh	
2 7	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Dates;	1 ☐ Yes 2 No Specify:	Specify:	black
nial Hygiene.  d other than "natural, or flame 23a or 28a-f show event, the Medical Examiner must be notified at		15. Decedent'a Education	16a. Decedent's Usual Occupation	16b. Kind of Busines	s/Industry
ledic	Completed	(Specify only highest grade completed)	(Give kind of work done during most of v life. DO NOT use retired)	vorking	Simouthy
Hygiene. ther than "	E	Elementery/Secondary (0-12) College (1-4or 5+)	Sacretarial	State	of Marile
T, Bygi		17. Father's Name (First, Middle, Last)	18. Mother's N	lame (First, Middle, Meiden Sumarne)	of Treckylas
and and and and and and and and and and	Be	Thereas & Mac. 11	$M_{\cdot \cdot \cdot \cdot}$	·	
th and Mental	2	19e interment's Name (Relationship (Time, Brief)	10h Mailing Address (Street and Alumbana)	10 Can non	Tin Code's
		19a. informant'a Name/Relationship (Type, Print)	19b. Mailing Address (Street and Number or	Thursa House Number, City or Town, Stele	, ZIP Code)
Heelth Hem 27 other tr		20a. Method of Disposition 20b.	Place of Disposition (Name of	STREET L. DUTTIME	ell krykirda
2 2 2 2		1 Burial 2 Cremetion 3 Removal from State	cemetery, cremetory or other place)	Date 20c. Location - City of	or lown, State
ment of and: if he uny or o		4 □ Donation 6 □ Other (Specify)	and Kidge Comedery	18-26-97 Pikesvilk	Marylan
Department Important: it any injury o		21. Signature of Funeral Service Ligensee	22 (tame and Address of Facility	R. FUNERAL HOME, P.	1
80 E 8 8		100-13	2140 N. FULTON AV	ENUE, BALTIMORE, MI	21217
		23a. Part 1. Enter the disease, or complications that caused the dea			Approximate
hysician		shock, or heart tellure. List only one cause on each line.			Interval Between Onset and Death
/Medical		immediate Cause (Finei	. P L		160
xaminer		disease or condition resulting in death)			Iheur
	ē		(or as a consequenca of):		4 months
Insit	盲	b. Metestetic	1,		1 400-1647
physician and s the buriel-transit	Examiner	if any, leading to immediate	(or as e consequence of):		
Sicia		cause. Enter Underlying Cause (Disease or injury that infliated events			
phy sthe	/Medical	resulting in death) Last	or as a consequenca of):		
cermicate be executed iding physician and ise as the buriel-transit		d			
	Physician				
ite has been signed by the atter page 2 should be detached for a	ysi	Part II. Other significant conditions contributing to death but not re	sulting In the underlying cause given in Part I.	23b. Did tobacco use contribu	te to the cause of death
deta deta		Human Immune deficiency Vire	4	1)XYes 2 No 3	Probably 4 Unknow
De d	by				
nee pluot	Completed			24a. Waa an sutopsy performed?	. Were autopsy tindings available prior to
hes by	ple				completion of cause of death?
ate he page	, or			1□ Yes 2No	1 ☐ Yes 2 ☐ No
	Be	25. Was case reterred to medical	26. Place of D	Peath (Check only one)	
s certific director,	To	examiner? 1 ☐ Yes 2 No Hospital: 1 ☐ inpatient 2 □	Other	Home 5 Realdenca 6 □Other (Sp	necify)
er this certific		27. Manner of Death 28a. Dete of injury	28b. Time of 28c. Injury at	28d. Describe how injury occurred	05.1)/
r death. ector: Aft by the fun	tio	1 Naturei 5 ☐ Pending (Month, Dey Year) 2 ☐ Accident investigation	Injury Work?  M 1 Yes 2 No		
after death Director:	flea	3 Sulcide 6 Could not be 28e. Place of Injury - At t	nome, farm, atreet, lactory, office	28f. Location (Street and Number or I	Rural Route Number,
원음도	Certification:	4 Homicide building, etc. (Spec	ify)	City or Town, State)	
Funeral Funeral staty filled		29a. Certifier Certifying Physician: To the best of my kn	owledge, death occurred at the time, date and pia	ice and due to the cause(s) and manner	hotets as
2 L	Medical		ation and/or investigation, in my opinion, death oc	curred et the time, dete and plece, and di	ue to the cause(s)
100	M	29b. Signature and title of certifier	29c. License number	29d. Date signed (Moi	nth Day Year)
168				8/22/97	
1		Killend OSeng. 40	D 20604	6/22/3/	
1		30. Name and eddress of person who completed cause of deeth (Ite			
1			ells Rd, LuRawille, Md 21093		
Sta	_	AUG 2 6 1997	atura		
Regist	rar	HOG 20 1991			



WRC 97-4729-005 WILLIAM J. **JAMISON** 

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

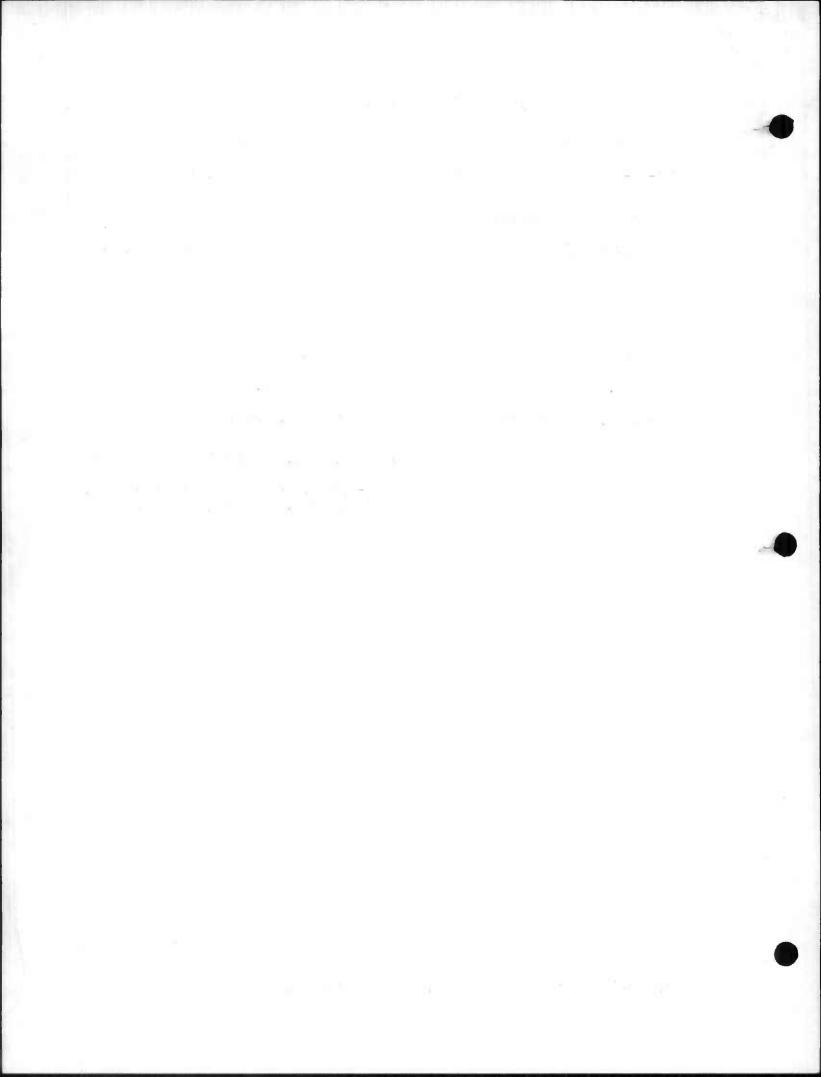
Certificate of Death

25904

	LOCIT					Certific	ale oi	Deam		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, La	sı) William	1 James	Jamiso	n		2. Dete of D Month AUGUS	Dey	Yeer 197	3. Time of Death 8:10 PM.
	Exami		4e. Fecility Neme (If not Institution, giv 204 MIDDLEWAY R					4b. City, Town, o	or Location of Dee MORE	th 4c. County	y of Deeth	
	Funeral Director		5. Social Security Number 6. S 212-56-6609 Usuel Residence of Decedent	ex 7.Ag COMM 2□ F	ge (In yrs. lest b 44	Yrs. If U	hs Deys		in (Month, L	irth Yeer, Yeer, 14,1952	9. Birthplei Country Mar	ce (State or Foreigr Y) Yland
	e Maryland	ctor	10a. State 10b. County	Baltimore	10c. City, To	wn or Location		Mic	ldle Rive	r	100	d. Inside City Limits 1 ☐ Yes 2 🛱 No
	th with the	Funeral Director	10a. Street end Number 204 Apt 1C Midd	leway Road	d	10f.	Zip Code	21220		10g. Citizen of United		
020	be filed within 72 hours after death with the Maryland that Hygiene.  Id other than "natural", or items 23a or 28a-f show event, the Med cal Exertice must be retired at	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 MiDivorcad	12. Was Decedent Armed Forces? 1 ☐ Yes 2 If Yes, Give Yaar or Datas:			ecedant of spacify Cut s 2 No		(Specify Yas or Nerto Rican, etc.)	0- 14. Rac Bie Specif	ce - Amarican ck, White, etc y: Whi	c.
Maryland 21215-0020	d within 72 ho giena. or than *natur	Completed	15. Decedent's Et (Specify only highast gre Elementery/Secondary (0-12) 12 Years	ducation ide complated) College (1-4or			work done Tuse retire	pation a during most of v ed) Operator		16b. Kind of B	ehousi	
land		To Be (	17. Father's Name (First, Middle, Last)  James J. Jamison						lame (First, Middle). Scott	e, Melden Sumer	ne)	
	s 1 and 2 should f Health and Mer tem 27 is marke other traumatic		19e. Informent's Neme/Relationship ( Richard J. Jamis (			8 Hidd	ress (Stree	ve Ct.	Rural Route Num Middle F	ber, City or Town	, Stete, Zip C Urylan	d 21220
Baltimore,	permit. Pages 1 and 2 Department of Health Important: If Item 27 i any injury or other tra once.		20a. Method of Disposition  1 2 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify		cemet	of Disposition ( lery, cremetory y Hill	or other ple	Gdns. 8/	Dete 25/1997	20c. Location Middle		
Balt	Departi Departi Importi any inj		21. Signature of Funeral Servica Licar  Ohnung L, 2  23a. Pent, Enter the disease, or com shoot, or heart failure. List only	ible		7922	-Ruck Wise	Ave. 1	l Home o Jundalk,	Marylan	d 212	22 Approximete
)-	Physiclan /Medical Examiner	ner	Immediate Ceuse (Finel diseesa or condition resulting In death)		USTO		DOT	FAIL				ntervei Between Inset and Death
ox 68760,	certificata be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest	b		consequence						
.O. Bo		Physician	Pert II. Other significant conditions o	ontributing to death b	out not resulting	in the undarlyi	ng cause g	iven in Part I.	23b. Die	i tobacco usa co	ontribute to ti	he cause of death?
4	requiras that the death seen signed by the atte hould be detached for	by Phy	PARKLISOUS	DISEASI	3				_ 10	Yes 2 No	3 Proba	bly 4 Onknow
Records,	has the	Completed	_						Dy	s en eutopsy formed?	aveil	
Vital	iclan: certific rector,	Be	25. Wes case referred to medical examiner?	Hospitel:			0	ther	eeth (Check only	one)		
ion of	ath The funerthis	ation: To	27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	28e. Dete of Inju		Outpetient 3L  Time of Injury	28c. Inju	4 LI Nursing	Home 5X Res	aldence 6 ⊟Ott how injury occur		
Siz	2	Certification:	3 Sulcide 6 Could not be determined	286. Piece of in	jury - At home, c. (Specify)	ferm, street, fed	ctory, office	ı	28f. Location City or To	(Street end Numbown, Stete)	ber or Rural F	Route Number,
-	the Holiph hin 24 man the Fund ripletaly fills	edicai (	29a. Certifier (Check only one)  1□ Certifying Ph 2☑ Medical Exam	ysician: To the best niner: On the basis of end manner st	f examinetion e	ge, deeth occur and/or Investiga	red et the t tion, In my	ime, dete end ple opinion, deeth oo	ca, end due to the curred et the time	e ceuse(s) end m , date end piece,	enner es stet end due to th	ed. ne cause(s)
	To th To th comp	M	29b. Signature and title of certifier	melkul	1		29c. Lican	o.C.M.E	•	29d. Data signa AUGUST		
	P		30. Name and address of person who			) (Type, Print)	+was-	D-144	mara Ma	welsed 7	1201	

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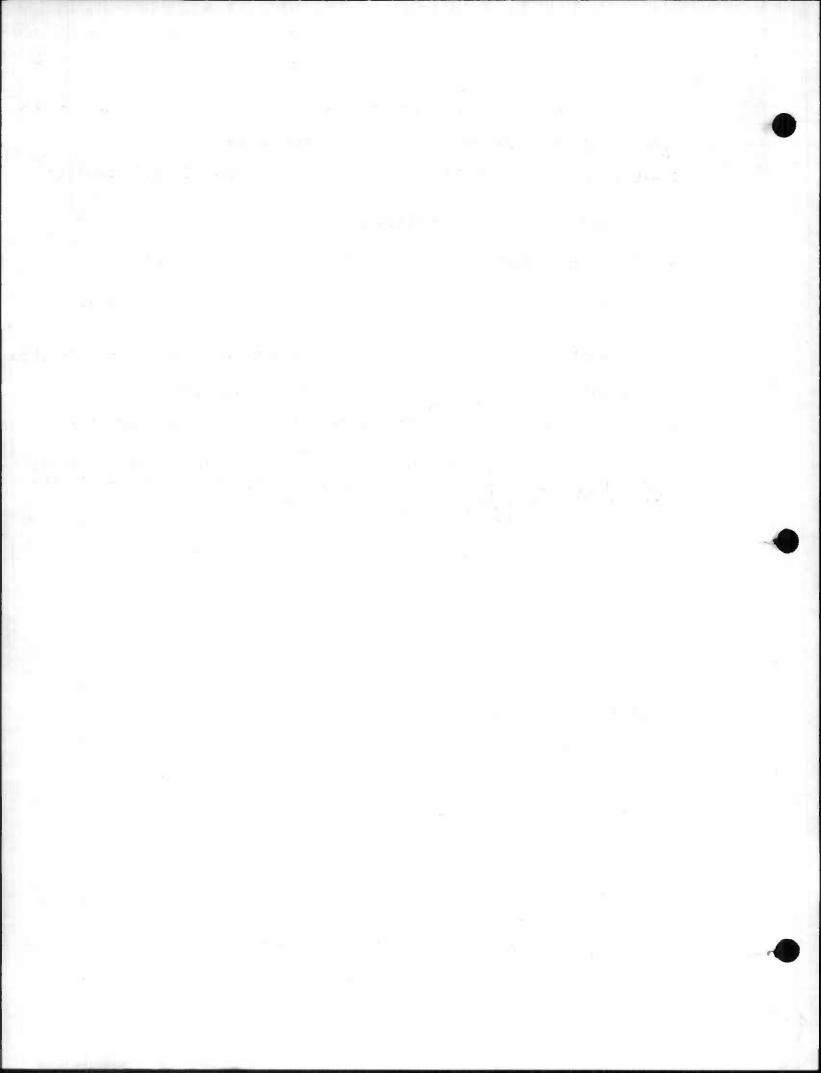
State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Death **Physician** ENNINGS TUG /Medical 4e. Fecility Nema (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner Liberty Medical Center
5. Social Security Number 6. Sex 7. Aga (II Baltimore N/A Hours Min. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or F Country) Nay 20,1925 Virginia If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1□M 2√2F Months Days Yrs. Director 72 170-20-7272 Usual Rasidance of Decadant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits "natural", or flams 23a or 28a-1 show Yas 2 No Director MD N/A Baltimore 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? Funeral death 2212 Clifton Avenue 21216 USA 12. Was Decedant Ever in U.S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Detas: 1 Nevar Married 2 Married 21215-0020 1 Yas 2 No Specify: by Specify: 3 ☐ Widowed 4 ☑ Divorced Black Completed Pages 1 and 2 should be filed within 72 ho nent of Heelth and Mental Hygiene. ant: If Item 27 Is merked other than "natur ury or other traumetic event, Ira Hedical. 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada complated) Elementary/Secondary (0-12) Collega (1-4or 5+) High School Customer Service Clerk Forest Park Golf Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Surnema) Be Hiram Jennings Grace Spraggins 19a. Informent's Name/Ralationship (Type, Print) Daughter 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Velma L. Wright 20a. Mathod of Disposition 2212 Clifton Avenue Baltimore, MD 21216 20b. Placa of Disposition (Nema of cematary, cramatory or other placa)
New Shiloh Baptist Deta 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Bamoval from Stata permit. Page Department of Important: If any Injury or 4 Donation 5 Other (Specify) Church Cemetery Aug 27t
22. Name and Address of Facility Nutter F
2501 Gwynns Falls Pkwy Aug 27th Halifax County VA 21. Signature of Funaral Service Licansas Funeral Homes, Inc. 23a. Part1. Enter the disease, or complications that baused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause present line. Approximete Interval Betwaan Onsat end Death **Physician** /Medicai Immedieta Causa (Final EMBOLISM diseasa or condition resulting in death) **Examiner** Examiner Saquantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in deeth) Lest Dua to (or as a consequence of): physician s the burial Box 68760. Physician/Medical Due to (or es a consequance of): for use Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown WITH Records. Completed by 24b. Were eutopsy findings eveileble prior to complation of causa of deeth? 24a. Was en eutopsy pertormed? 2 1 No 1 Yas 2 No Division of Vital 25. Wes casa rafarred to medical Be 26. Place of Death (Check only ona) axaminar? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 1 Yas 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA this 27. Mannar of Daath 28e. Deta of Injury (Month, Day Yaer) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Hospital or Attending After 1 Natural 5 Panding To the Hospital or Attending within 24 hours effer death.

To the Funeral Director: After completely filled in by the fur 1 Yas 2 No Invastigation 2 Accidant 6 Could not be datarmined 3 Suicida Location (Streat and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At home, ferm, streat, factory, offica building, atc. (Specify) 4 Homicide 29a. Certifiar 1 🖰 Cartifying Physician: To tha bast of my knowledge, deeth occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signatura and titla of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 04826 30. Name end eddrass of person who completed cause of death (Item 23a) (Type, Print) MEDICAL CENTER SREGORIO 31. Date filed (Month, Day, Yaar) Registrar's Signature State Registrar AUG 2 6 1997

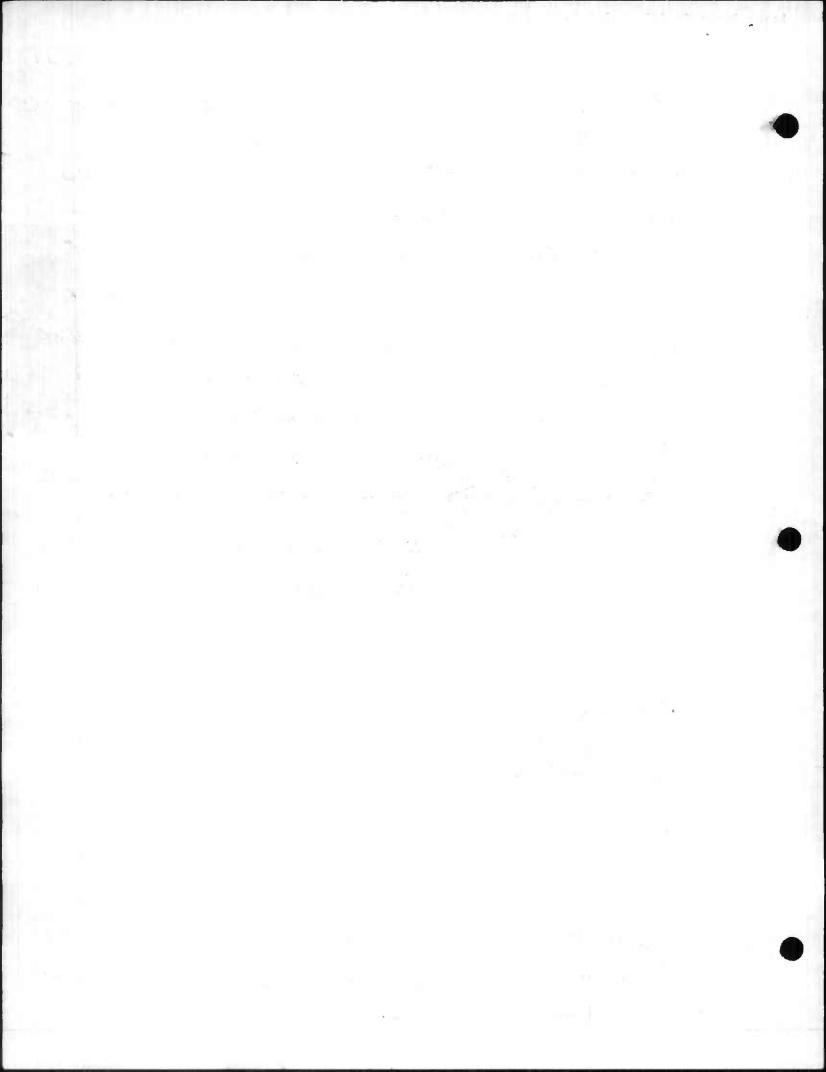


State of Maryland / Department of Health and Mental Hygiene 97 25906

					Certifica	ate of L	Death	Reg	g. No.	20000
П	Physic	ian	1. Decedent's Name (First, Middle, La	st)				2. Date of Deeth Month	Day Yea	3. Time of Deeth
J	/Medi			B. KEELING	3			AUGUST	25,199	7 5:45 PM
9	Exami	ner	4e. Fecility Name (If not institution, given the UNION MEMOR		. T	4	b. City, Town, or I		4c. County of De	
	Funeral Director		5. Social Security Number 217–22–4478 6. S			der 1 Year as Days	BALTIN If Under 24 Hrs. Hours Min.			Birthplace (State or Foreign Country) SSACHUSETT:
	faryland show	Į.	Usual Residence of Decedent  10a. State 10b. County  MD • N/		ty, Town or Location	TMOR	E CIT	Y		10d. Inside City Llmlts  XX Yes 2 □ No
	the N	ect	10e. Street and Number			Zip Code	011.		2. Citizen of What	
	s 23a or	Funeral Director	700 WEST 40	th. STREET		21	211		U.S.	Α.
21215-0020	hours after death with the Maryland ural; or items 23a or 28s-f show at Examiner must be notified at	by	11. Maritel Status  1 □ Never Married 2 □ Married  3 □ Widowed XXDivorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes XXNo If Yes, Give Year or Dates:		pecify Cubar		pecify Yes or No- o Rican, etc.)	Black, WI	
5-0	72 Par	etec	15. Decedent's Education (Specify only highest great programme)	ducation ade completed)	16e. Decedent's U (Give kind of	sual Occupa work done d	ation furing most of wor )	king	6b. Kind of Busines	s/Industry
	d within giene. er then ".	Completed	Elementery/Secondary (0-12) 12 YEARS	College (1-4or 5+)		use retired)			TESTING	COMPANY
pul	be filed tal Hygid d other event,	Be	17. Fether's Neme (First, Middle, Last,					ne (First, Middle, Ma		
yla		To		BELKNAP			LOUIS		COLE	
, Maryland	d 2 s h ar 7 ls trau		19e. Informant's Name/Relationship ( ELIZABETH B.GR	***				Fig. BALTIM		)., Zip Code)
Baltimore,	8 - 20		20a. Method of Disposition  XX Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specif	Removal from Stete	Place of Disposition (for cometery, crematory of UID RIDGI	r other place			PIKESVII	
Ball	permit. Page Department of Important: If any injury or ance.		21. Signature of Funeral Service Licer	124	F	ENRY YOR	W. JEN	KINS AN	D SONS	COMPANY LAND, 21212
Box 68760,	Physician /Medical beautificate beautificate beautificate and attending physician and partial-frames as the burlar-frames	an/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	b. Klilas Due to to	or as a consequence of	nd e	Dom	nia	Aly	onset end Death
	0 9 2	Physician	Part II. Other significant conditions of	ontributing to death but not res	ulting in the underlying	cause give	n in Part I.	23b. Did tob	ecco use contribu	ite to the cause of death?
P.0	that the ad by th detach							1 🗆 Yes	2□ No 3□	Probably XXUnknow
Records,	aw requires as been sign 2 should be	Completed by						24a. Wes en performe		b. Were eutopsy findings evailable prior to completion of cause of death?
H	cate hu	Co						1 ☐ Yes	XXNo	1 ☐ Yes 2 ☐ No
Vital	ilcian certifi rector	o Be	25. Was case referred to medical examiner?	Hospital:		Othe	r.	th (Check only one,		
4	ding Phys Attar this funeral di	-	1 Yes XXX No  27. Manner of Death XX Naturel 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury Work	4 LI Nursing H	ome 5 Residen 28d. Describe how		pecify)
Division	pital or Attending sun after death. eral Director: Afte illed in by the fund	Certification:	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined		ome, farm, street, fact		2 110	28f. Location (Stre City or Town,	et and Number or State)	Rural Route Number,
	Hospit     24 hour     Funeral     Funeral     Illa	edical (	29a. Certifier (Check only one)	yaician: To the best of my kno niner: On the basis of exemina and menner stated.	wledge, deeth occurre tion and/or investigation	ed et the time on, in my op	e, date end placa Inion, death occu	, and due to the cau rred at the time, dat	se(s) and menner e end place, end d	as stated. ue to the cause(s)
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1	Sta	te	PHILIP WHITT	completed cause of death (Iter	OO WEST		EDERE A	VENUE, B	ALTO.,M	D.,21215
	Registr	-	AUG 26 1997	1						

State Registrar

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aminer	1	0		HOSP		0 11	nore	40. Couri	y OI Deedil	
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tor		MD N/A		Bar	Hmore					1 ☐ Yes 2 ☐ No
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by Funeral Director	2	11. Marital Status  1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. Was Decader Armed Forces 1	3? }¶o	13. Was Decedent of If Yes, specify Cub		Specify Yas or Note Rican, etc.)	Speci	ce - Americ ck, White, fy: B	cen Indian, etc.
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other traumatic event, the Med To Be Comple		(Specify only highest Elementary/Secondary (0-12)	Collaga (1-4o	r 5+)	(Giva kind of work done life. DO NOT use retire	(d) .	nking	1/0+0	-Ans	HOSP
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once.		21. Signeture of Funerel Service Li	censee, 0		22. Name end Addre	ess of Fecility	1	101 E.	Nor	th Ave
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		23a. Pert1. Entar tha disease, or coshock, or heart feilure. List of	omplications that cause	ed the death. Do n	nter the mode of dyl	ing, such as cerdle	c or respiretory	arrest,		Approximata Intervel Batween
an T	1	show, or more foliate. Cist of	A A	iiria.		,				Onset and Deeth
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			L .							
/ Physician/Mec			d							
2	1	Pert il. Other significent condition	contributing to deeth	but not rasulting in	the underlying ceuse gi	ven in Pert I.	23b. DI	d tobacco use c	ontribute to	o the cause of death?
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by		1								
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ple	-	2	1 ,						of	empletion of causa deeth?
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o Be Com		25. Wes cese referred to medical				26. Plece of De	ath (Check only	ona)		
To		examiner? 1 ☐ Yas 2 ☑ No	Hospitel: 1 Mnpai	tient 2 ER/Out	petient 3 DOA Ot	her: 4 Nursing	Home 5□Re	sidence 8 □O	her (Specif	(v)
Ë		27. Manner of Deeth	28e. Date of In (Month, D	jury 28b. T	me of 28c. tnju	iry at	28d. Describe	how Injury occu	rred	
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5		3 ☐ Suicida 6 ☐ Could no determin	ZOG. PIECE OF I	njury - At homa, far	m, streat, factory, office			(Street and Nun	ber or Aura	sl Route Number,
le T		□ Homicide	building, e	efc. (Specify)			City of 1	OWII, Stele)		
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Medical Certification:		29b. Signature and the of certifier			29c. Licen:	se number		29d. Dete sign	ed (Month,	Day, Year)
		* Jask	arais		12	1649		AUG	22,	1997
S	1	30. Name and address of person w	O A O I I A O	daath (Itam 23a) (	Type, Print)	FAIR A	IC RA	LTIMA	OF	4021129
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State		31. Data filed (Month, Day, Year)	32. Regis	trar's Signature						
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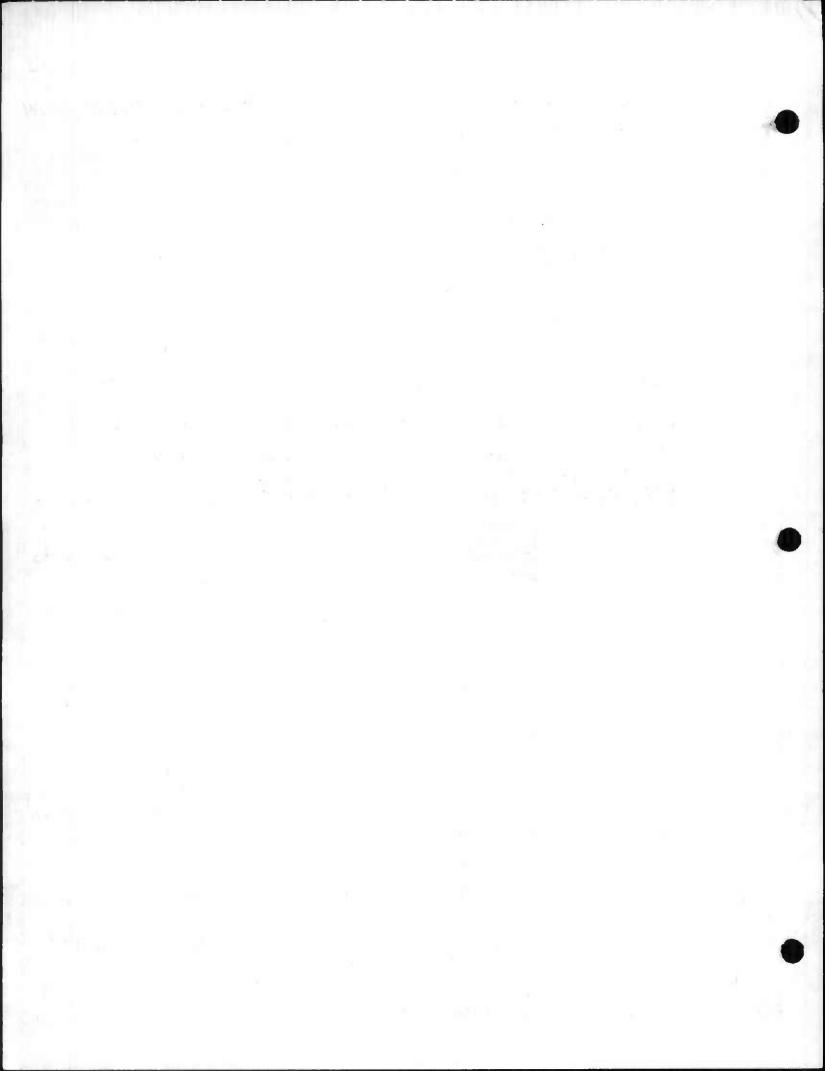


State of Maryland / Department of Health and Mental Hygiene

25908 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2 Date of Death **Physician** August David D. Levin 22 1997 10:00 PM /Medical 4a. Facility Name (If not institution, give street end number)
Stella maris AT MERCY HOSPICE 4b. City, Town, or Location Deeth 4c. County of Death **Examiner** BALTIMORE N/A | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Min. | MAY 26,1921 5. Sociel Security Number 7. Age (In vrs. lest birthday) 9. Birthplace (Stete or Foreign **Funeral** 10M 20F Yrs. 215-12-0612 76 Director MARYLAND Usual Residence of Decedent 10b. County Show 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f showedical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No BALTIMORE **ESSEX** 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2606 HOLLY BEACH RD. 21221 death v Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygene. Important if them 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercities. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 10 CLERK SOCIAL SECURITY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be ISAAC LEVIN MARY GOLDSTEIN 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. CONSTANCE LEVIN (WIFE) 2606 HOLLY BEACH RD. EXXEX, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 □ Cremation 3 □ Removal from State MD VETERANS 8/25/97 4 Donatio OWINGS MILLS, MD 5 Other (Specify) 22 Name and Address of Facility BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 plication but caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. Approximate **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be executed burial-transit pue Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated available) Due to (or es e consequence of) Box 68760. attending physician that initiated events resulting in deeth) Last use as the Due to (or es a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown signed t Records, ð 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? page 2 should Completed 24a. Was an eutopsy performed? peed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate of Vital Attanding Physician: 25. Wes case referred to medical Be 26. Place of Death (Check only one) Stella Maris at Mercy Other: 4 Nursing Home 5 Residence 8 Nother (Specify) HOSPICE Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No this 27. Manner of Deeth 1 Neturel 28c. Injury et Work? Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Aftart ivision 5 Pending investigation 2□ Accident 1 ☐ Yes 2 ☐ No death Director: A 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner es stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) mano my 240480 Avaust 23,1991 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) 5810 3520912 RO V. Ferras, mo FERNANDO 3000 NO 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State AUG 26 1997 whi Devidoon Registrar



State of Maryland / Department of Health and Mental Hygiene

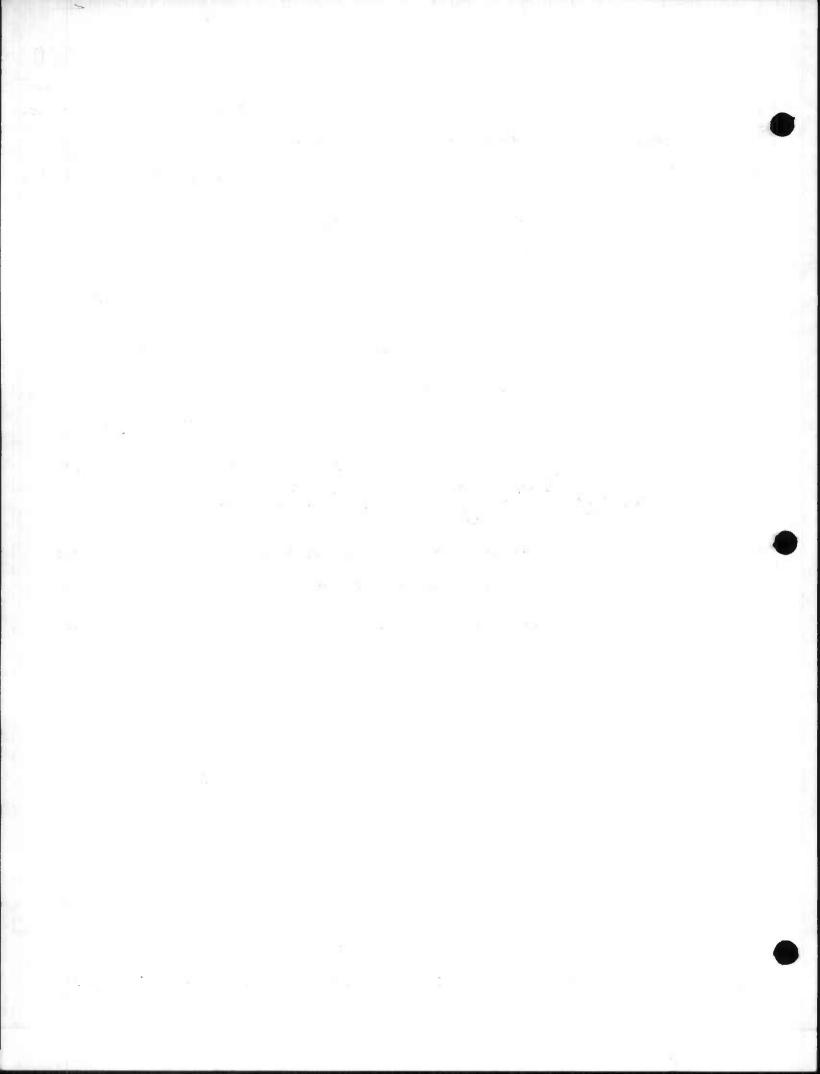
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and w		Usual Residence	10b. County		10c. C	City, Town or Lo	cation					1	0d. Inside City Limits
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	sician	Pert II. Other sign	ificant conditions	contributing to d	leath but not re	esulting In the u	nderlying cause	given in Pert I		23b. Did to	nbacco use co	ntribute to	the cause of death
uires that the densigned by the e	by Physicia									1□ Y	_/	3 ☐ Prot	
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State of Maryland / Department of Health and Mental Hygiene 97 2591

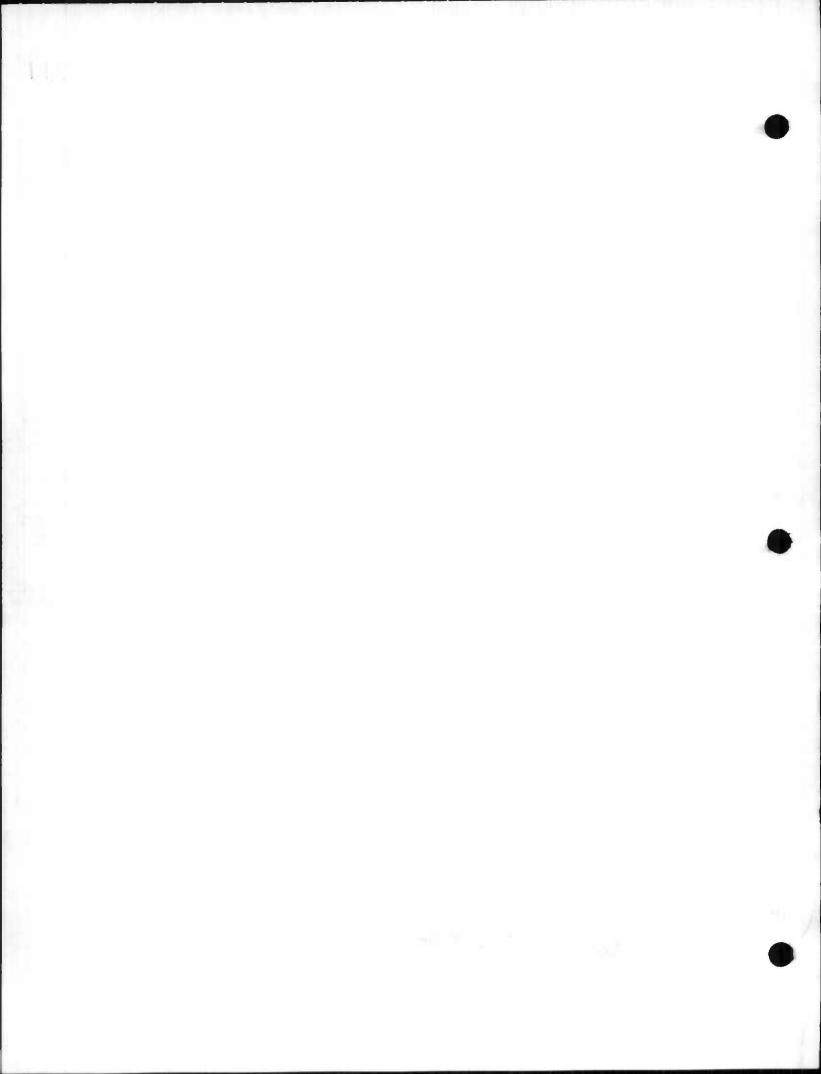
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	or 28	Director	10e. Street end Number			10f. Zip	Code		10g. Citizen of		?
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020	permit. Pages 1 and 2 should be filled within 72 hours efter death with the Meryland Depertment of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "natural", or items 20a or 20a-f show any highly or other traumatic event, the Medital Examinat must be notified at 2006.	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Yeer or Dates:	·	13. Was Deceded If Yes, speci	V	gin? (Specify Yes or N , Puerto Ricen, etc.)	Specif	ce - American I ck, White, etc.	
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	To the Hospital or form 24 hears after form Funeral Direction	edical	(Check only one)	ician: To the best o er: On the basis of end menner sta	examinetion er	e, aeeth occurred e d/or investigetion,	it the time, date end in my opinion, deel	d plece, end due to the th occurred et the time	e ceuse(s) end m e, dete end place,	and due to the	ceuse(s)
	To the Hos	Me	29b. Signeture end title of certifier	one mention sta		29c.	License number		29d. Dete signe	ed (Month, Dey	r, Year)
	6	-	D 100 0	( A		ъ	D02339		8/22		
	7		30. Name end eddress of person who cor	mpleted cause of de	eth (Item 23e)		T07773		DICC	IT	
			Bobbie Khosla-Gupt				are Driv	e Baltimor	e, Maryl	and 21:	237
	Sta	ite	31. Date filed (Month, Day, Year)		r's Signature						



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DSPITAL OR ATTENDING PHY	THEFTON Ame his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN So that with	IMPORTAN

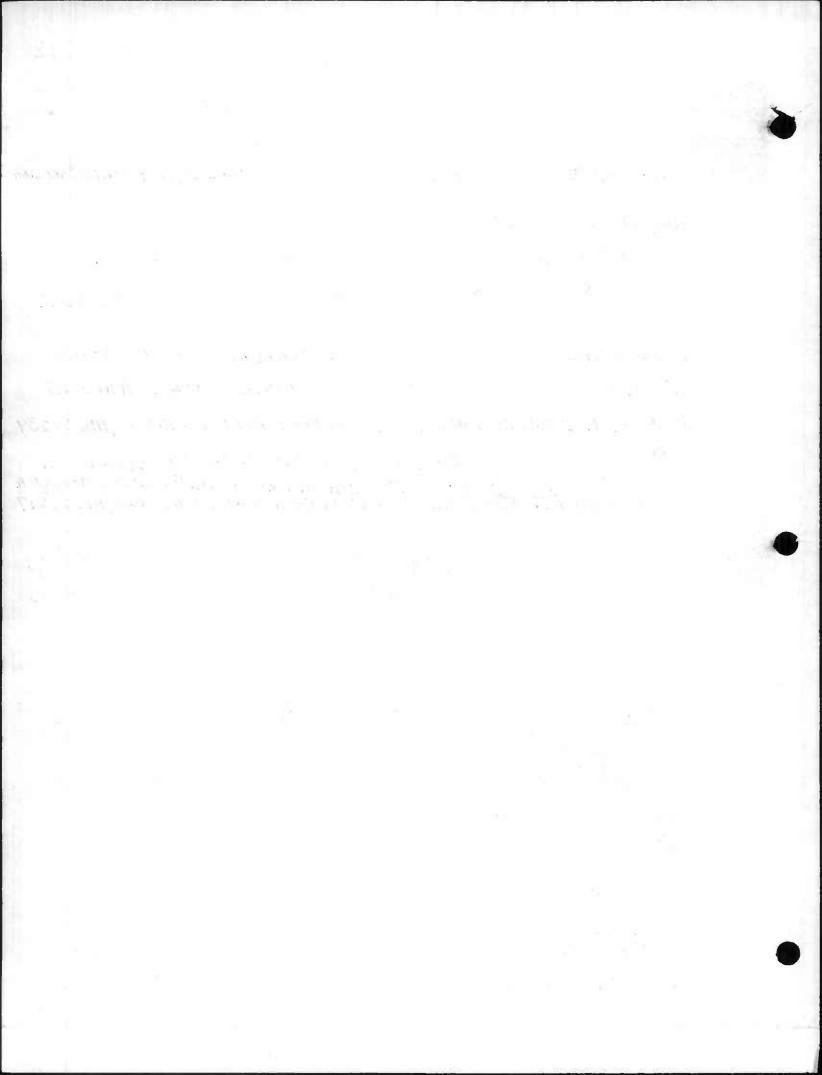
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	IRGINIA	LOV			2. DATE OF DEATH		3. TIME OF DEATH		
	212 74 7266	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTINPLACE (State or Foreign		
OR	90. FACILITY NAME (II not institution, give street Carroll County Ger	EATN	Sc. COUNTY OF DEATH Carroll County							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
		roll County		Sykesvi				LIMITS?		
FUNERAL	1200 West Old Libe		10g. CITIZEN OF WHAT COUNTRY?							
SNE		12. WAS DECEDENT EVER IN I	U.S. ARMED	12 WAS DEC	21784	NIO ODIONO DE LA VI	USA			
BY	1 Never Married 2 Merried  3 Never Married 4 Divorced	FORCES? 1 YES	2. 25NO	If yes, spi	PORT OF NISPA PORT O	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) fy:		RACE — American Indian, Black, While, etc. Speciwhite		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	FION (mpleted)	16e. DECEDENT'S U	SUAL OCCUPATION And Advised Inc.	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY		
PLE	Elementary/Secondery (0-12)	College (1-4 or 5 +)	homema	•			arma la mu			
OM	17. FATNER'S NAME (First, Middle, Lest)		Homema	ver	18. MOTNER'S NA	ME (First, Middle, Maiden	own hom	e		
BE C	Henry Silvio	ous				nda Tussir				
TO E	190. INFORMANT'S NAME (Type/Print) Ms.Ruby Clement /da	ughter	19b. MAILING A	onald Co	ourt, Wo	Route Number, City or Tow	on, State, Zip Cod 21797	0)		
	266 METNOD OF DISPOSITION  1. Description   Method   Meth	al from State	LACE AND DATE OF	herd Cer	me of netery		Ellico	or Town, State tt City, MD		
	21. SIGNAPORE OF PUNERAL SERVICE LICEN	Sel	M00535			I Home, P.	A.			
	23. PART I. Enter the diseases, or cor shock, or heert felfure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Only blie cause on eec	in line.	t enter the mod	de of dying, suc	h as cerdiec or resp				
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LEGITATE PEPT C V C C V C V C V C V C V C V C V C V									
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILBLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 NO									
IA	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO	IOSPITAL: Inpetient 2 ER/Outpeti		THER:		6 Other (Specify)				
PH	27. MANNEY OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b, TIME (	OF 26c, INJE	IRY AT	28d, DESCRIBE NOW I	NJURY OCCURE	D		
BY	2 Accident Investigation	VC Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO								
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY Al home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as steted.  Description of the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	restifichen	MI		290 LICENSE NUN			NEO (Month, Day, Year) UST 18, 1997		
	30. NAME AND AODRESS OF PERSON WHO CO	(BERDEN)	(ITEM 27) (Typo, P)		MONAL	Avenue	Wes	TMINSTER		
	AUG 2 6 1997	Ma Dulas Right	HACE SO				MA	4 carel 21157		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** unstella /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Roymen Boutomore Baltmore 8. Data of Birth (Month, Day If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** 10M 20E Days Hours 1934 NORTH CAROLINA Yrs. Director the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is merked other than "natural", or items 23s or 28s-f show traumatic avent, the Modical Examiner must be notified at Baltmore City 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 39 212 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (M No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) Race - Amarican Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yes 2 No Baltimore, Maryland 21215-0020 Specify: BLACK p 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed withir Department of Health and Mentel Hyglens. Important: If item 27 is marked other than any injury or other traumatic avent, the Me Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER 12+4GRADE OWN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be I.E.F. JOHN HATTIE MAE 19a. Informant's Name/Relationship (Type, Pnint) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1806 WINFORD ROAD, BALTIHORE, MD/ 2/239 e of Disposition (Name of Date 20c. Location - City of Town, State ELMER MCIVER (HUSBAND) 20a. Method of Disposition

12 Burial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cematary, cramatory or other place) -97 MONCYRE, N. C. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licent. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVE. BALTIHORE, HD. 21217 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 25 disaasa or condition resulting in death) Examiner Examiner burial-transit Sequentielly list conditions, if any, laading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): end attanding physician Box 68760 Physician/Medical the Dua to (or as a consequence of) 98 0 P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by Unknown 1 ☐ Yes 2 ☐ No 3 ☐ Probably Records, p 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed peeu 1 ☐ Yes 2 No certificata Division of Vital Hospital or Attending Physician:
 124 hours efter deeth.
 Funeral Director: After this certificalistely filled in by the funeral director; 25. Was cese referred to medicel Be 26. Piece of Deeth (Check only one) xaminer? Yes 2□ No Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Natural 5 ☐ Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1 Decertifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 hor To the Fune complately fi 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. 29b. Signature and tipe of certifier 29d. Date signed (Month, Day, Year) person who completed cause of deeth (Item 23e) (Type, Print) Massay Mars Garden 609 Hutzler

State Registrar



State of Maryla

- in the state of	Trilo mogizioi	
nd / Department of Health and Mental H	ygiene 97	25913
9/97 Certificate of Death	Dec No.	20010

Physiclan		Decedent's Name (First,		,		Morr	~i e					2. Date of I	Da	,	Year	3. Time					
/Medicai											AUGU		3,19	-	11						
Examiner		EASTERN C				mrmr	T (11) T (	20.7	}					c. County							
	4	5. Social Security Number	6. 5			INSTITUTI			1 Year	WEST If Under				SOMERS							
Funeral Director	1	UNK.		X M 2□ F	51			Vonths	Days	Hours	Min.	8. Oate of E (Month, I	Day, Year	)	Te Te	nplace (Stat untry) X a s					
2	- 1-	Usuel Residence of Decede				_															
and show	tor				tor	ctor		MD 10b. County 10c. City, Town or Location Bethesda										10d. Inside			
23a or 28a-f like notifit ai Directo	10e. Street and Number 4311 Locust Lane 20816								10g. C	itizen of USA		untry?									
2	To Be Completed by Fur	3 ☐ Widowed 4 ☐ Divorced   If Yes, Give Year or Dates:							en, Mexicen, Puerto Rican, etc.) Bled			ece - American Indian, leck, White, etc. Hry: White									
natu		To Be	To Be	Be	Be	(Specify only I		ducation ade completed)		16a.	Deceder	nt's Usua nd of wor	l Occup	oation during mos	t of work	ing	16b. l	Kind of B	usinass/	ndustry	
r than .						Be	Elementary/Secondary (0	12)	College (1	-4or 5+)	Dog					e S	itter	Do	mes	tic	
ever Be							17. Father's Name (First, Mi	ddie, Last,	)						18. Mothe UNK		a (First, Midd	le, Maide	n Suman	ne)	
7 Is mu traum				19a. Informant's Name/Rela Isabel Cast	tionship (	Type, Print) de Ramo:	s/frie	19b. nd 7	Mailing 711	Address Dwi	(Street	and Numb		ai Route Num esda,			State, 2	ip Code)			
nent of Heal int: If Item 2 iry or other			20a. Method of Disposition 1 ☐ Burial 2X Crema 4 ☐ Donetion 5 ☐ Oth			State	Piace of cemeters	y, crema	tory or o	ther pla	Inc.	8/2	Date 3/97		ocation . ltime		Town, State				
Departmen Important: any injury ance.		21. Signature of Funeral Services Unensee Omado 22. Name and Addrass of Facility Cremation Society 299 Frederick Rd.								ety Rd.	of Maryland, Inc. Baltimore, MD 21228				28						
Physician		23e. Pert1. Enter the disease shock, or heart failure.	e, or com List only	plications that ce one cause on ea	eused the dea ach line.	th. Oo n										Approxim Intarval B Onset an					
/Medical Examiner	-	Immediete Causa (Final diseese or condition resulting in death)		a. AMIT	RIPTYLI	NE IN	TOXIC	ATION													

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physician

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certificate

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical by Completed Be 25. Was cese referred to medical

Certification: To 27. Manner of Death

Medicai

AMITRIPTYLINE INTOXICATION Dua to (or es a consequence of);

Due to (or as a consequence of):

Due to (or as e consequence of):

1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA

28e. Piace of Injury - At home, farm, street, factory, office building, atc. (Specify)

28b. Tima of Injury

unknown

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. Data of Injury (Month, Day Year)

found 8/3/97

building

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Wes an eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Z Yes 2 No Yes 2 No

3. Time of Death

9. Birthplace (State or Foreign Country)
Texas

10d. Inside City Limits 1 Yes 2 No

11:30AM

Approximate Interval Between Onset and Death

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

Subject ingested drugs 281. Location (Street and Number or Pural Route Number, City or Town, State)Eastern Correctional

Institution, Westover, Md.

1 Certifying Physician: To the bast of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bast of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. 29c. License number 29d. Oate signed (Month, Day, Year)

of person who completed ceuse of death (Item 23a) (Type, Print)

Hospital:

OCME

28c. Injury at Work?

1 Yas XX No

AUGUST 4, 1997

locke, My 31. Date filed (Month, Day, Year)

5 Panding investigation

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

32. Registrar's Signature

State AUG 2 6 1997 Registrar

examiner?

1 Natural

2 Accidant

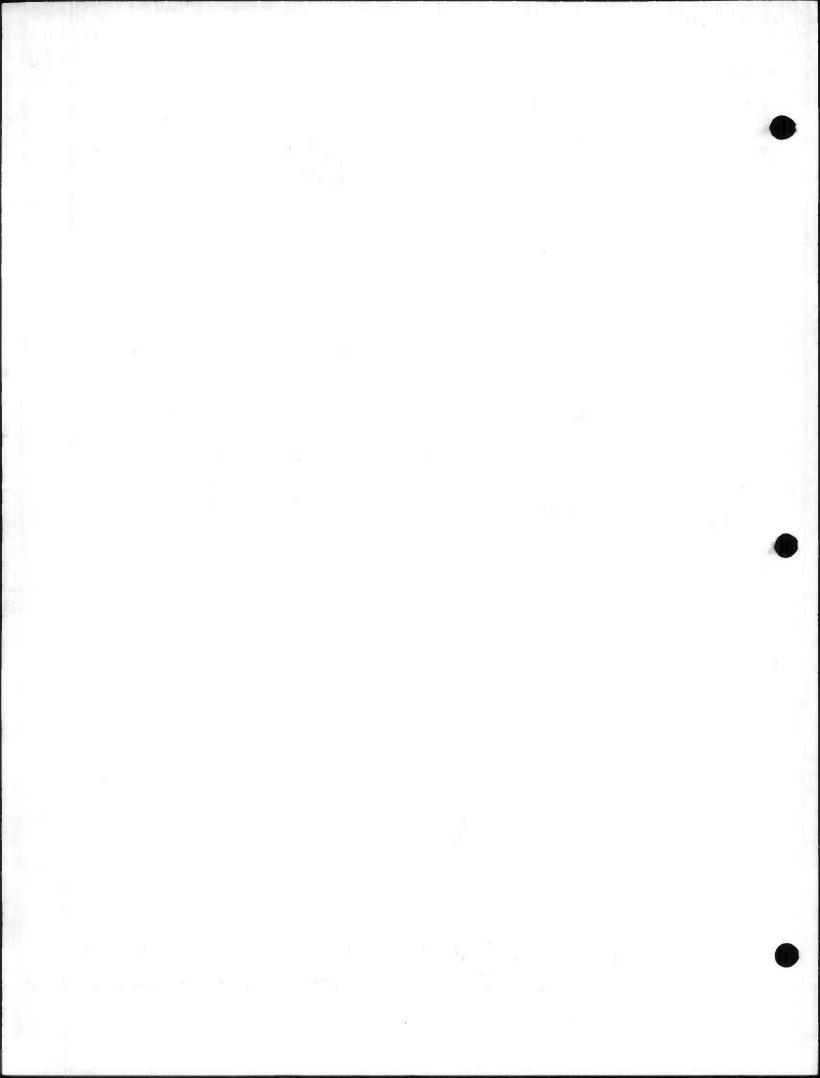
3XX Sulcide

29a. Certifier

4 Homicide

29b. Signature and title of certifier

ia Davidson-Randell



State of Maryland / Department of Health and Mental Hygiene 97

97 25914

							Ce	rtificate of	Death		Reg. No.		20014	
	Physic	ion	1. Decedent's Nama (Firs	t, Middle, La	ist)					2. Data of D Month	eeth Day	Year	3. Time of Death	
ı	/Medi		FRANCES	RANSC	N MANN					08-2		97	10:45 pr	
Exam			4a. Facility Name (If not in	stitution, giv	a street and num	iber)			4b. City, Town,	, or Location of Dea	th 4c. Count	y of Death		
			ROLAND PA						BALTIN		N/	Α		
	Funeral Director		5. Social Security Number 207-12-29	78	Sex 1□M 2 <b>X</b> F	7. Age (In yrs	last birthday) Yrs.	Months Days			ay, Year) 13	9. Birthp PEN	place (Stete or Foreign NSYLVANIA	
	pus *		Usuel Residence of Dece 10a, Stata 10b.	dent County		10c C	ity, Town or L	ncation					Od Jacida City I Imita	
	with the Maryland e or 28a-f show	ō		V/A		100.0		LTIMORE	,				10d. Inside City Limits 1   Yes 2 No	
	the the land	Director	10e. Street and Numbar	1/ 21			DA	10f. Zip Code	,		10g. Citizen of	What Cour	ntry?	
	3e or		830 WEST	40TH	STREE	Т		212	211		USA	William Cook	isiy i	
20	n 72 hours after death with the Maryland "naturel", or items 23e or 28a-f show added Examitrer mart be nutified at	by Funeral	11. Marital Status  1 Naver Married 2 3 Widowed 4 D		12. Was Deced Armed Ford 1 Tas If Yas, Give Yeer or Da	ces? 2 No		Was Decedent of If Yes, specify Cul 1 ☐ Yes 2 No		? (Specify Yas or N luerto Rican, etc.)		ce - Americack, White,	etc.	
21215-0020	n 72 hou nature		100.0.000					dent's Usual Occu	pation	16b. Kind of E				
215	S . 3	Completed	(Specify only Elementary/Secondery		ade completed) College (1-	Aor 54)	(Give	kind of work done DO NOT use retire	during most of ed)	working				
2	D D	E	12	(0-12)	College (1-	401 34)	MED	ICAL SE	CRETER	RY	SECRE	TERY		
Baltimore, Maryland	0 - 0 >	Be (	17. Father's Name (First,		)				18. Mother's	Name (First, Middle	e, Meiden Sumai	me)		
	should be nd Mental marked o	2	BENSON MAI						FRANC	CES RANS	ON			
	2 8 8 5		19e. Informant's Neme/Re BEVERLY MA			D )		-		r Rurel Route Numi				
	of Haalth item 27 i		20a. Method of Disposition		(31316)	,		osition (Neme of	OUK LA	ANE BALT	20c. Location			
	Pages nent of 1 int: if ite ury or o		1 ☐ Burial 2 🛣 Cran	nation 3		tate	cemetery, cre	matory or other pla	,					
	permit. Page: Department of Important: If i any injury or once.		4 Donation 5 0			GK				RY08/21/	9/ BAL	10.,	MD•	
	permit. F Departme Importan any injur		21. Signature of Funeral Service Licansee  22. Name and Address of Fecility HENRY W. JENKINS & SONS CO.											
	_		23a. Part1. Enter the dise	ase or com	plications that ca	used the dea	th Do not en	4905 YO	RK RD.	BALTO.	, MD. 2	1212	Anorovimate	
	Physician		shock, or heart fallur	e. List only	one cause on ea	ch line.	50 1101 011	ioi ino modo or dy	ing, such as our	diad of respiratory	arrest,		Approximate Interval Between Onsat and Death	
	/Medical		Immediate Ceuse (Final		C	1/4						1	11111	
	Examiner		disease or condition resulting in death)		a	Due to	or as a conse	nuence of):					17163.	
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	rtificate be axecuted ing physician and as the bunal-transit	Examiner	Sequentially list condition		b. — 1A	Due to (	or as a conse	quence of):						
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68760,	physic	edical	that initieted events resulting in death) Last	1	0,	Due to (	or as a consec	quenca of):						
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Box	eath ce attandi I for use	cian		- Section								-		
0	tha death y the attar ached for u	Physician/	Part ff. Other significant of	onditions o	prinibuting to dea	buy not re	sulting in the u	nderlying cause g	iven In Part I.		. /		o the cause of death?	
S, P	that	by PI	John	ugh	herria	V EN	a.	How	lenzy	m	Yee 2 No	3 Pro	bably 4 Unknown	
rds	law requires that tha death or as been signed by the atland s 2 should be detached for us		0	0				10			s en eutopsy		ere autopsy findings	
000	s bee	Completed						0		pen	ormed?	CO	ailable prior to impletion of causa death?	
m	0 - 0	E								10	Yes 20 No	1[	☐Yes 2☐No	
ita	certificata rector, pag	Be C	25. Was case referred to r	nedical					26. Place of	Deeth (Check only	one)			
of Vital Record	Physician: r this certific rral director,	To	examiner? 1 Yes 2 No		Hospital: 1 ☐ In	patiant 2	ER/Outpatier	nt 3 DOA	ther: 4 Nursir	ng Homa 5 ☐ Res	Idenca 6 DOt	her (Specif	5/)	
	ding Pt h. After th funeral		27. Menner of Death 1 □Natural 5 □	Pending	28a. Dete of (Month	fnjury , Day Year)	28b. Time o	f 28c. fnju	ury at ork?	28d. Describe	how injury occu	rred		
sio	Attending or death.	catl	2 Accident	investigation Could not b				M 1	Yes 2 No					
Division	or Attencation after death	Certification:	4 Homicide	determined	286. Pieca c	of Injury - At h g, etc. <i>(Speci</i>		reet, factory, office			(Street and Num own, State)	ber or Rura	al Route Number,	
	ospital hours a uneral ( ily filled		29e. Certifier 1046	artifiding Dh	valcies. To the h	act of mulka	muladaa daati	n accurred at the t	ima data and a	loop, and due to the			Andread	
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical		edicaf Exam	nfner: On the bas	is of examina	ation and/or In	vestigetion, in my	opinion, death o	laca, end due to the occurred et the time	, dete end place,	end due to	the ceuse(s)	
	nathin To the	Me	29b. Signature and little of	Sprtifler	X			29c. Licen	se number	T	29d. Date signe	ed (Month,	Day, Year)	
'	1		<b>)</b> (/c.	/ C	/) c				10670	$\circ$	8/21	100	)	
1	1 (0		30. Nama and address of	erson who	completed and	of death (Ite	m 23a) (Tvne	Print)	00 1		0/21	141	-	
1	, ,		DANIEL G.		/ \	1000	55 EAI		ППТНЕ	RVILLE,	MD. 210	093.		
	Sta	10	31. Raya Hed XMonth CPO		1111	Charle down in Fr.	ature		LOTILL		21			

Registrar



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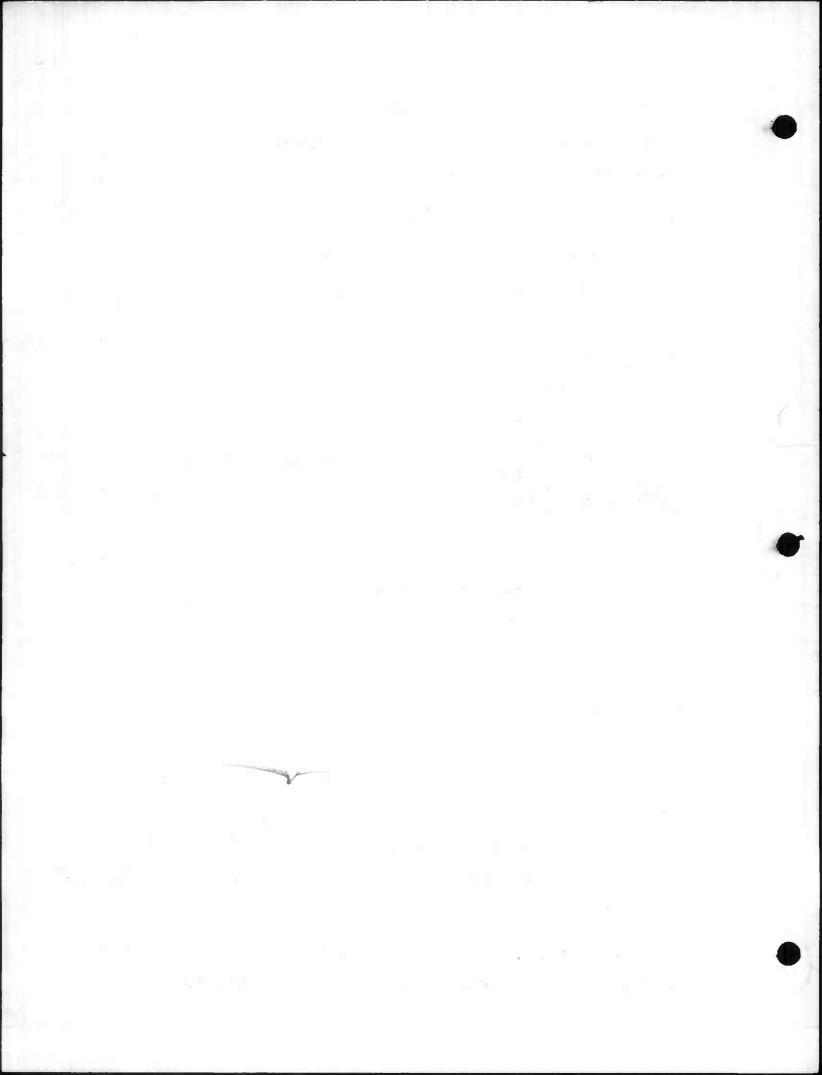
97 25915

				C	ertificate (	of Death	R	eg. No.	1	.0010
Dhuaiai		1. Decedent's Name (First, Middle, Li	est)				2. Date of Deal		Year	3. Tima ot Death
Physici /Medio		Joseph Wi	lliam	MITCHE	LL			22,199		5:20 P.M.
Examin		4e. Facility Name (If not institution, gir	ve street and number)			4b. City, Town, or	Location of Deeth	4c. County		
	ш	Franklin Square	Hospital Co	enter		Rosedale		Baltin	nore	
Funeral Director		5. Social Security Number 6. 216-30-1218	Sex 7. Age	(In yrs. last birthda		ear If Under 24 Hrs ays Hours Min		Year)	9. Birthpl Coun	ace (State or Foreign try)
pue *		Usual Residence of Decadent  10e. State 10b. County		10c. City, Town or	Location				11	Od. Inside City Limits
Ba-f sho	Director	MP			Himore					1 ☐ ¶es 2 ☐ No
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hours effer death with the Maryland Jural', or flems 23a or 28a-f show at Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 127 es 2 □ No If Yes, Give Yeer or Dates:			ot Hispanic Origin? (S Cuban, Mexican, Puer No Specify:	Specify Yes or No- rto Ricen, etc.)		e - America k, White, d	
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9000 Franklin Square Dr. Baltimore, Maryland 21237

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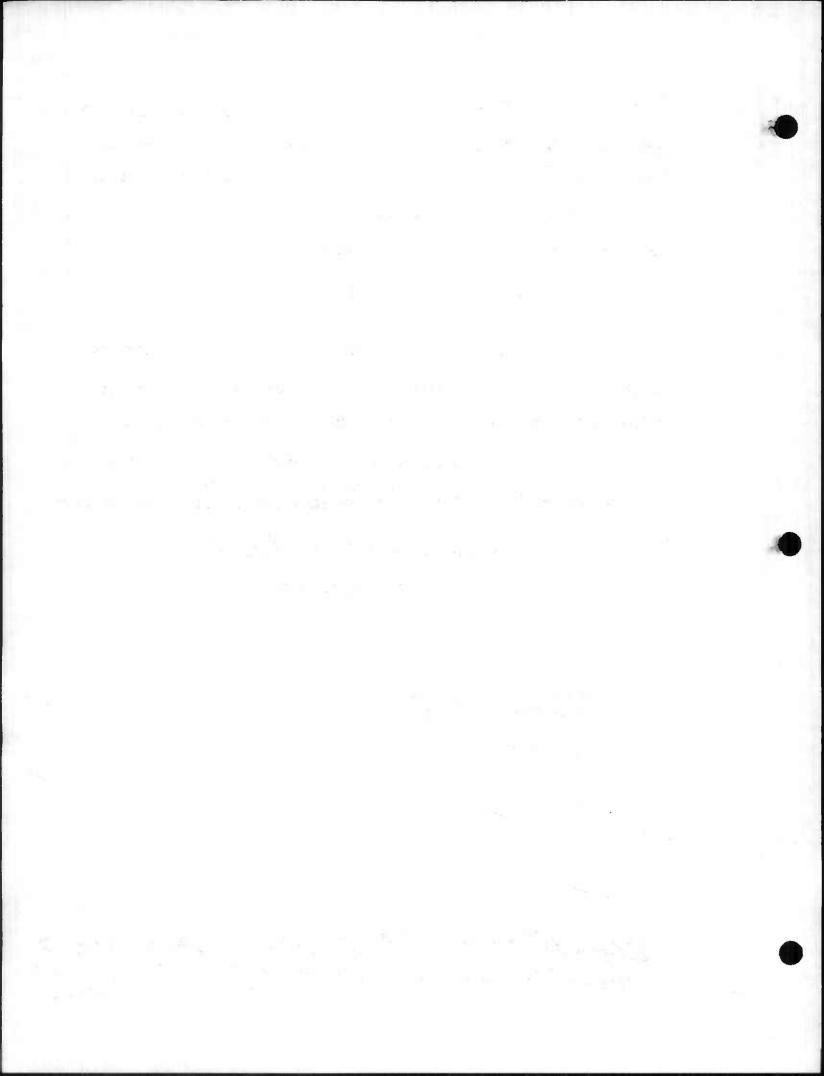


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle 1 ast) 2. Date of Death 3. Time of Death **Physician** Month Year **EDGAR** BENESCH MARVIN 1997 AUG. 20 12:10AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE if Undar 24 Hrs. Hours Min. If Undar 1 Yaar 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2□ F Days Yrs. Director 216-20-5373 71 AUG.9,1926 MARYLAND the Maryland Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiene. snt: if Item 27 is marked other than "natural", or Items 23a or 28a4 show ury or other traumatic svent, Ita Medical Evantine, must be notified at 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits Director Yas 2 No CECIL MD COLORA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 88 MACINTOSH DR. 21917 USA Completed by Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specity Cuban, Maxican, Puarto Rican, etc.) 14. Race - American indian, Black, White, etc. 11 Marital Status 1 Never Married 2 Married 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorcad 16a. Decedent's Usuai Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highast grede completed) College (1-4or 5+) Elementery/Secondary (0-12) TEACHER EDUCATION Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be GLICK MATILDA HARRY BENESCH 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MATILDA GLICK (MOTHER) 88 MACINTOSH DR. COLORA, MD 21917 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑Buriai 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If sny injury or other 4 ☐ Donation 5 ☐ Other (Specify) ARLINGTON (CHIZUK AMUNO) 8/25/97 BALTIMORE, MD 22. Nama and Addrass of Facility
SOL LEVINSON & BROS., INC. 21. Signature of Funaral Service Licensee 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated avents resulting in deeth) Last the burial-tran Box 68760, Dua to (or as a consequence of) P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of death? (autinson's 1) Iseuse 1 Yes 2 No 3 Probably 4 Denknown Records, PV 8 24b. Were autopsy findings available prior to page 2 should Completed Atre mig 24a. Was an eutopsy completion of cause of death? certificate 1 Yes 2 AN 1 ☐ Yas 2 ☐ No Vital wsician: Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 N 1 Impatient 2 □ ER/Outpatient 3 □ DOA Certification: To 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Straet and Number or Rurel Route Number, City or Town, Stete) Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only To the within 2 To the complete 29b. Signature and title of cartifier DIGITI August 21,1997
Liberty Rengel Warxland
Rengel allston, Warxland
21133 29d. Dete signed (Month, Day, Year)

State Registrar

31. Date AUG 2. 6angg

J.K. BUNKINSTON

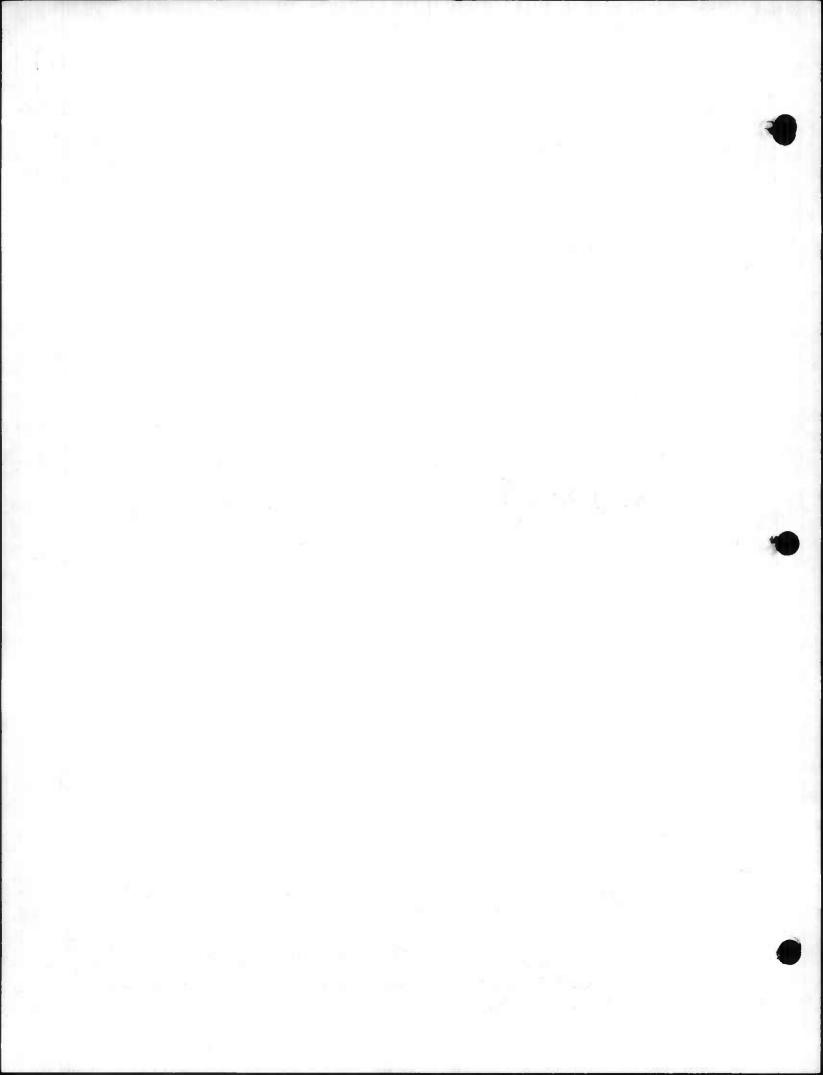


State of Maryland / Department of Health and Mental Hygiene 9.7

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#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedani's Neme (First, Middla, Last) 2. Date of Daath 3. Time of Death **EMILY** 2:01 Am FLORENCE MOODY 0 22 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 1155 INDIAN LANDING ROAD MILLERSVILLE ANNE ARUNDEL If Under 1 Year If Under 24 Hrs. 8. Dele of Birth (Month) Days Hours Min. Dec 26 5. Sociei Security Number 7. Age (In yrs. last birthday) 9. Birthpleca (Stata or Foreign 10 M 2 Months 1925 Mary Tand 71 213-20-4130 Yrs. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 ☐ No Anne Arundel Millersville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1155 Indian Landing Road U.S.A 21108 12. Wes Decedent Ever in U,S. Armed Forcas? Race - American Indien, Bieck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced White Yaer or Dates: 15. Decedeni's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housekeeping Education 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) George Wallace Anna Zywicky 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7511 Whaler Court, Glen Burnie, MD 21061 Charles Moody/ Son 20b. Pleca of Disposition (Name of cematery, crematory or other place) 20e. Melhod of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Buniai 2 ☐ Cremetion 3 ☐ Removal from State Our Lady of the Fields8/25/97 Millersville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetura of Funerei Service Licenses 22. Name and Address of Fecility HARDESTY FUNERAL HOME P.A. 851 ANNAPOLIS RD GAMBRILLS, MARYLAND 21054 23a. Part I. Enter the disease, or combications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List drify one cause on each line. Approximete intervel Between Onset and Death Due to or as a consequence of): myoca Due to (or es e consequence of) Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Junknown

Physician /Medical Examiner

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12 should be filed within 72 hours efter death to and Mental Hygiene. Is marked other than "natural", or itema 23s

Baltimore, Maryland 21215-0020

the Maryland

Examine Physician/Medical signed by t by Completed Be 2 Certification:

fmmediele Ceuse (Finel diseese or condition resulting In death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated avants resulting in deeth) Lesi Pert fl. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24b. Were eutopsy findings eveileble prior to complation of causa of deeth? 24e. Wes en autopsy 1 Tyes & No 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Assidence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturei 2 Accident 5 Pending 1 Yes 2 Ne investigation 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 29e. Certifier 1 Training Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of axaminetion end/or investigetion, in my opinion, deeth occurred et the time, data and placa, end due to the cause(s) and manner steted. 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

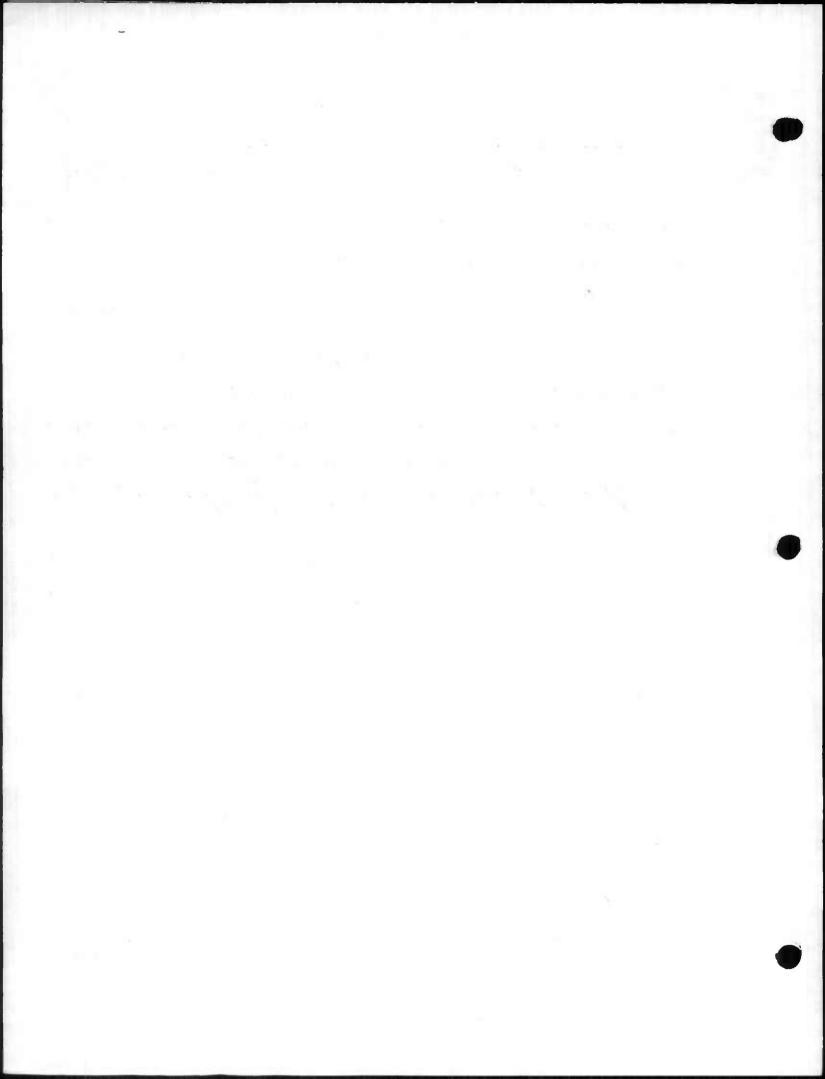
Registrar

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31. Date filed (Month, Day, Year) State AUG 2 6 1997

Charles Jwu, M.D. 16005 crain Huy # 306 Glen Burnie md 32. Registrer's Signeture what Dirdson

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

25919 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** ANNIE P MOORE 2:25 AM AUGUST 25 1997 /Medical 4a. Fecility Neme (If not institution, give streat and number) 4b. City. Town, or Location of Daeth 4c. County of Death Examiner UNION MEMORIAL HOSPITAL BALTIMORE N/A H Under 1 Year If Under 24 Hrs. 8, Date of Birth Months Days Hours Min. JULY 7, 1924 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplece (Stata or Foreign Country)
NC . **Funeral** Months 1 □ M 280 F 217.20.4798 73 Yrs. Director Usuel Rasidanca of Dacadent 10a State r 28a-f show notified at 10b County 10c. City. Town or Location 10d. Insida City Llmits Director MD. N/A Yas 2 No BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 2 0 2619 GUILFORD AVENUE ns 23a 21218 Funeral USA 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Dates: Was Decedant of Hispenic Origin? (Spacify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Marriad 2 Marriad 1 ☐ Yas 2 No Specify: Completed by Specify 3 XWidowad 4 ☐ Divorced BLACK 15. Decedant's Education (Specify only highast grada complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12TH Collega (1-4or 5+) 212 HOUSEWIFE DOMESTIC and be file.

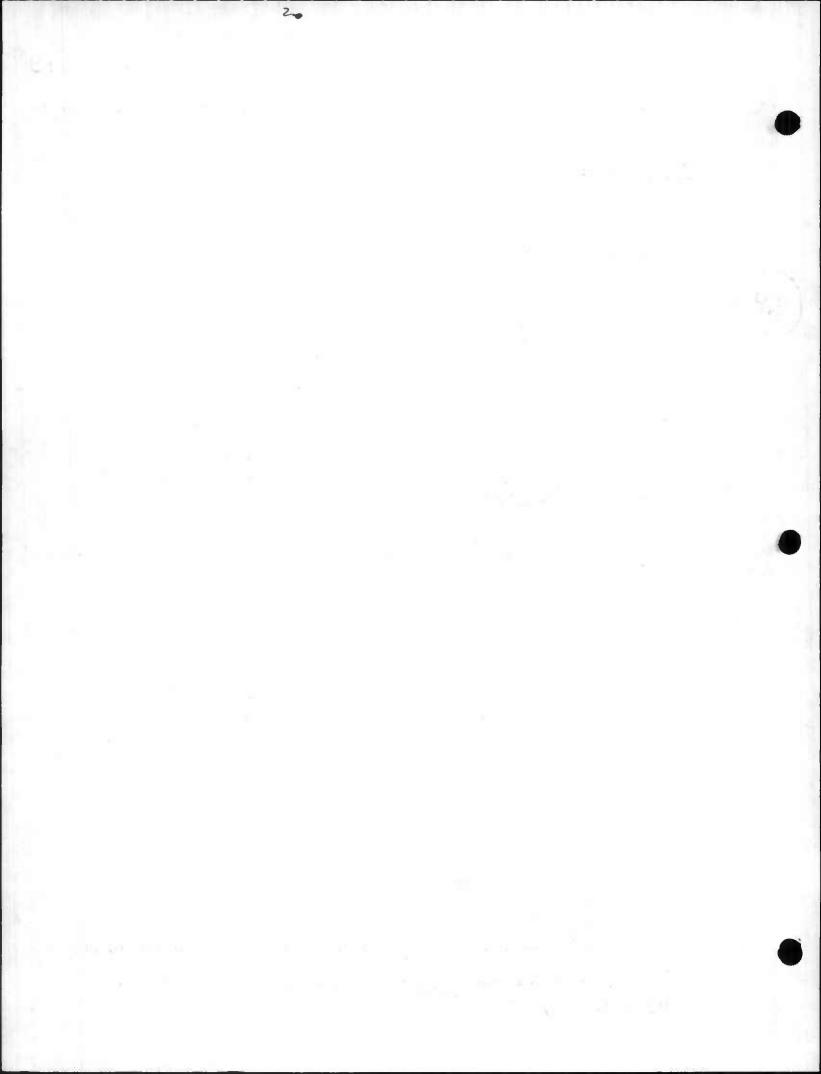
T is mark Baltimore, Maryland 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Surname) Be JAMES FRANK WATSON Pages 1 and 2 should LESSIE OUALLS 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Department of Health at Important: if item 27 is any injury or other trau BARBARA A. MOORE (DAUGHTER) 2619 GUILFORD AVENUE BALTIMORE, MD 21218 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cramation 3 □ Removal from State BALTIMORE NAT'L 4 ☐ Donation 5 ☐ Othar (Specify) 8/28/97 BALTIMORE, MD. 21. Signature of Funaral Service Licensaa 22. Nama and Addrass of Facility CAPLE FUNERAL SERVICE 5502 WINNER AVENUE BALTIMORE. MD 21215 ther tha disaasa, a complications that ceusad tha daath. Do not antar the moda of dying, such as cerdiac or raspiratory arrast, rhaart failura. Let only ona causa on aach lina. Approximete intarvai Batween Onsat and Deeth **Physician** /Medical Immedieta Causa (Final OVARIAN CARCINOMATOSIS YEARS disaasa or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to Immediata ceuse. Enter Underlying Ceuse (Disease or Injury that initiated avants rasulting in death) Lest pug Dua to (or as a consequence of): P.O. Box 68760, \$ Due to (or es e consequance of): Part II. Other algrifficant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No Division of Vital Records, by 24b. Were autopsy findings aveilable prior to Completed 24a. Was an autopsy performed? peeu completion of cause of death? this certificate has 1 Yas 2 No 1 Yes 2 No ual or Atter...

Aus after death...

Areal Director: After this cenu...

""-d in by the funeral director, pr Be 25. Was cese rafarred to medicei 26. Placa of Daath (Chack only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 inpatient 2 ER/Outpetient 3 DOA 28a. Date of injury (Month, Day Year) Certification: 27. Manner of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. injury at Work? 1 Neturel 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital o within 24 hours aff To the Funeral DI completely filled in 12 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete and place, and dua to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, deta and place, and dua to the ceusa(s) and mannar statad. 29a. Certifier Medical one 29b. Signature and title of certifler 29c. Licansa number 29d. Deta signed (Month, Day, Year) AT2438946- C7 AUGUST 25, 1997 30. Number of death (item 23e) (Type, Print) FALCONER UNION MEMORIAL HOSPITAL, BATTACKE, MD State Registrar

**DHMH 16 Rev 6/95** 

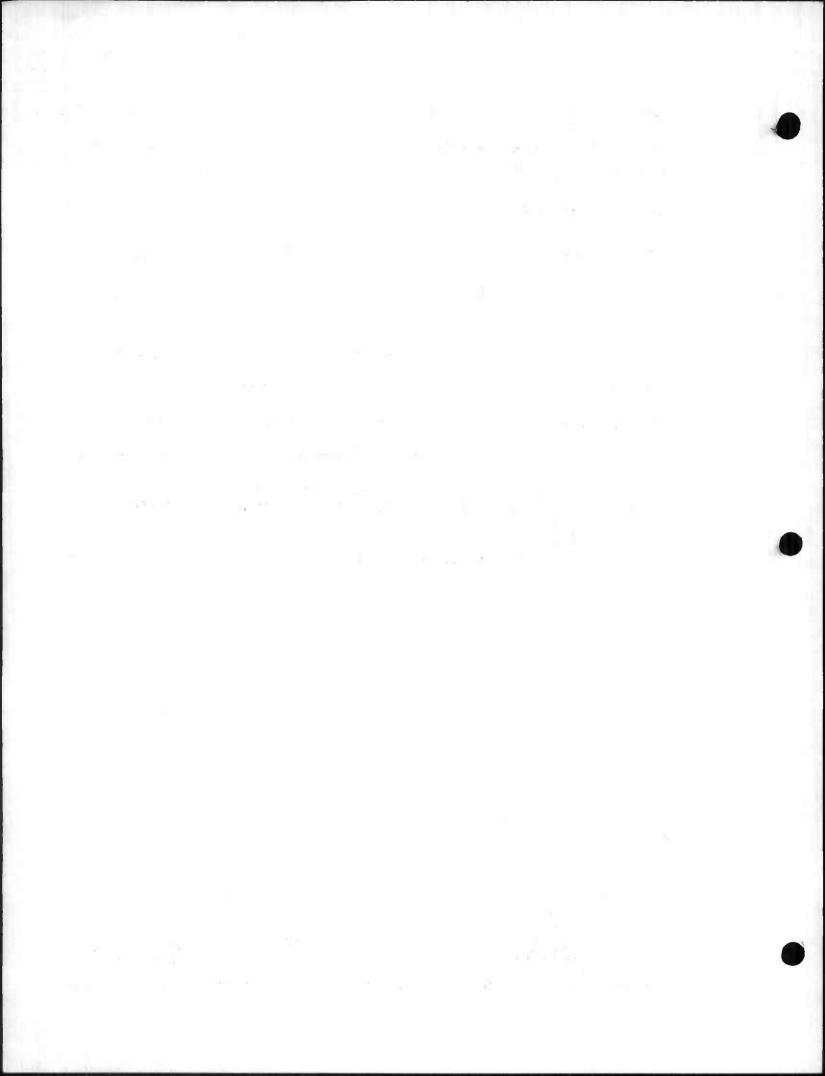


State of Maryland / Department of Health and Mental Hygiene

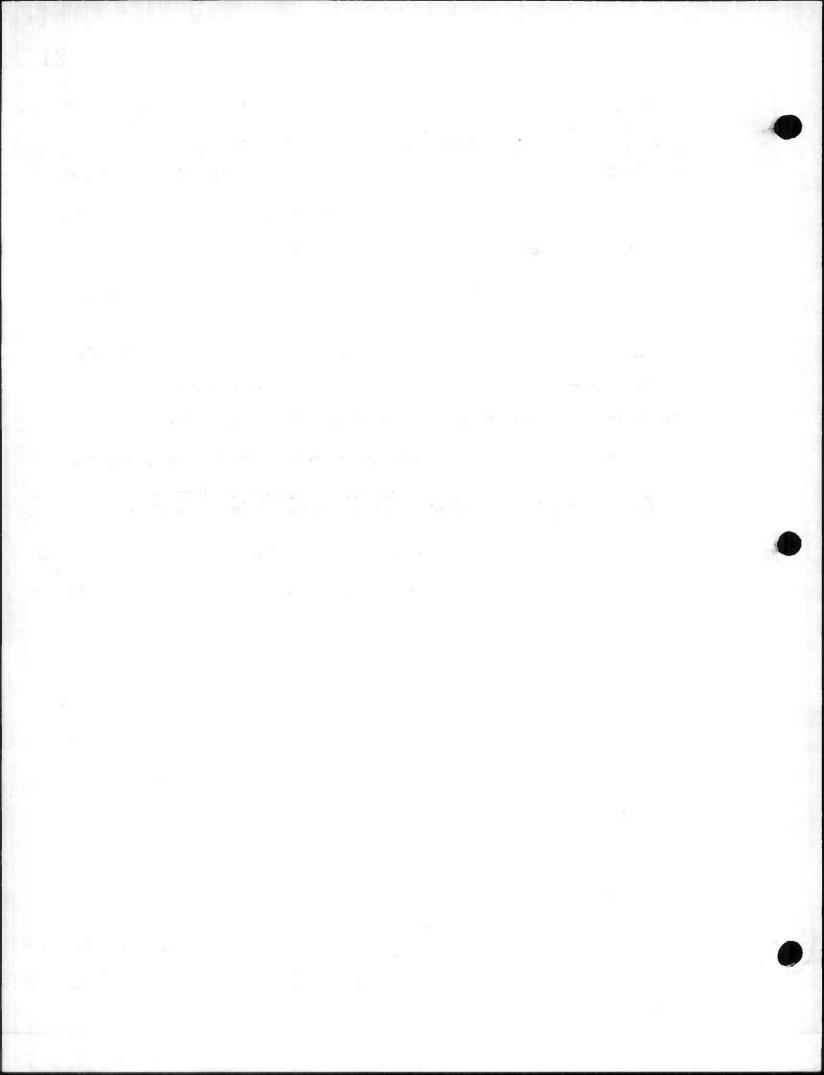
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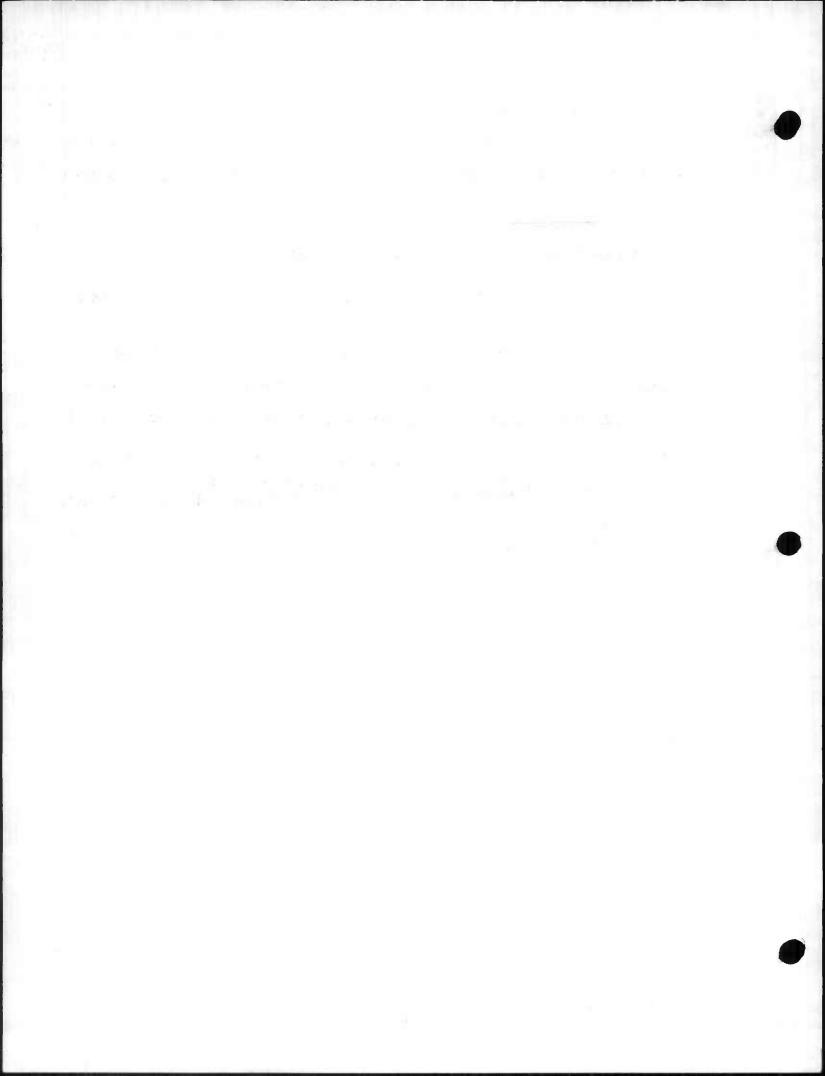
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Phys		Cather	cine			MOSA				Month August	Day 25 19	Year 997	10:30 ar
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Exal	mner												
-		5. Sociel Security	lin Squar		7. Age (In yrs. la		If Under 1 Yes		edal			ltimo	
Funer		214-56-		1 □ M 2 💢 F	7. Age (m yis. ia	**	Months Dey		Min.	8. Date of Birth (Month, Day July29	Year)	PA	lace (Stete or Foreig try)
Direct	OF .	Usuai Residence								July29	,1920	FA	•
and **		10a. State	10b. County		10c. City.	Town or Lo	cation					10	0d. fnside City Limits
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hysicia	n	snock, or ne	ert fellure. List only	ene cause on e	ech line.							1	Interval Between Onset and Death
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Physicia /Medic			VOVAK			2. Date of De Month AUGU 51	24, 1	991 N.	ime of Deeth
Examin Funeral Director	er		TERAL HOSP	HAC lest birthday) If Und Yrs. Month	BAH ar 1 Yaar II Under 24	Hrs. 8. Data of Bir (Month, De Aug. 6,	th py, Year)	'a	Stata or Foreign
show	or.	10a. State 10b. County Md n n/a	10c. City	, Town or Location	Baltimo	ore			side City Limits Yes 2 No
ath with the Maryla 23a or 28=1 shor	Funeral Director	10e. Street and Number 1424 Andre St	reet	10f. Z	ip Code 2123	30	10g. Citizen of W		
or items	by Funera	11. Marital Status  1 Never Married 2 Married 3 XWidowed 4 Divorcad	12. Was Decadent Ever in U, Armed Forces? 1 ☐ Yas 2 ☐ No if Yes, Give Year or Datas:	S. 13. Was Dec if Yas, sp 1 \( \subseteq Yas	edent of Hispanic Orlgi ecify Cuban, Mexican, 2 XNo Specify:	n? (Specify Yes or No Puerto Rican, etc.)	14. Race Black Specify.	a - American Inc k, White, etc. White	
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	To Be C	17. Father's Name (First, Middle, Las. Michael Novak	))		18. Mother	s Neme <i>(First, Middle</i> elen Piase	Meiden Sumem		421
1 and 2 should Health and Men em 27 Is marke other traumatic		19e. informant's Name/Relationship Dolores Malat/s			ss (Street end Number re Street	or Rural Route Numb Baltimore			)
200		20e. Method of Disposition  1  Burlai 2  Cremation 3  4  Donation 5  Other (Speci	Tuellional iloni State	lace of Disposition (Nametery, cremetory or etro Crema		Date 8/25/97	20c. Location -	City or Town, S	
permit. Page Department of Important: If any Infury or once.		21. Signature of Funeral Sarvica Lice 23a. Part 1. Enter the disease or conshock, or heart failure. List or	nsee // //	22. Name :	and Addrass of Facility	al Home of	Essex		
flicate be assected  Dhysician and as the bunal-transit	edical Examiner	Immadlate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Yu/mo y Due to (or	res a consequence of as a consequence of		KE		8	day s
that tha death certific ed by the attending p detached for use as	Physician/M	Part ii. Other significant conditions of	d.	ulting in the underlying	cause given in Part t	22h Did	tobacco use con	atribute to the c	auga of death
5 60	by Phys	. at the other angular containing t	with buting to doubt but not room	ming in the underlying	cause given in r ait i.			3 Probably	4 SUnknow
0 0 0	Completed						an autopsy ormed?		topsy findings prior to on of cause
law require las been si a 2 should l								of death	
The law requir ate has been s page 2 should		25. Was case referred to medical			26. Place o	1 Death (Check only	11-		
The law requir ate has been s page 2 should	To Be	examiner? 1 ☐ Yes 2 M No  27. Manner of Deeth		ER/Outpatient 3□ [ 28b. Time of injury	Other	of Death (Check only of Ing Home 5 ☐ Rasi	one)	1 ☐ Yes	2
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redeptal or Attending Physician: The law required & bours after death.  Puneral Director: After this certificate has been spletely filled in by the funeral director, page 2 should	To Be	examiner?  1  Yes 2 No  27. Manner of Deth 1  Naturel	28a. Date of injury (Month, Dey Year)  28e. Placa of tnjury - At ho building, etc. (Specify anysictan: To the best of my knowniner: On the basis of examination and manner stated	28b. Time of injury M me, farm, street, factor) wiedge, death occurre ion end/or investigation	OOA Other: 4 Nurs 28c. injury at Work? 1 Yes 2 No	ing Home 5 Rasi 28d. Describe 28f. Location (City or To)	dence 6 Other how Injury occurrence of Number	1 ☐ Yes  or (Specify)  ed  or Rural Rouse  nner as stated, and due to the co	2 □ No  e Number,  ause(s)

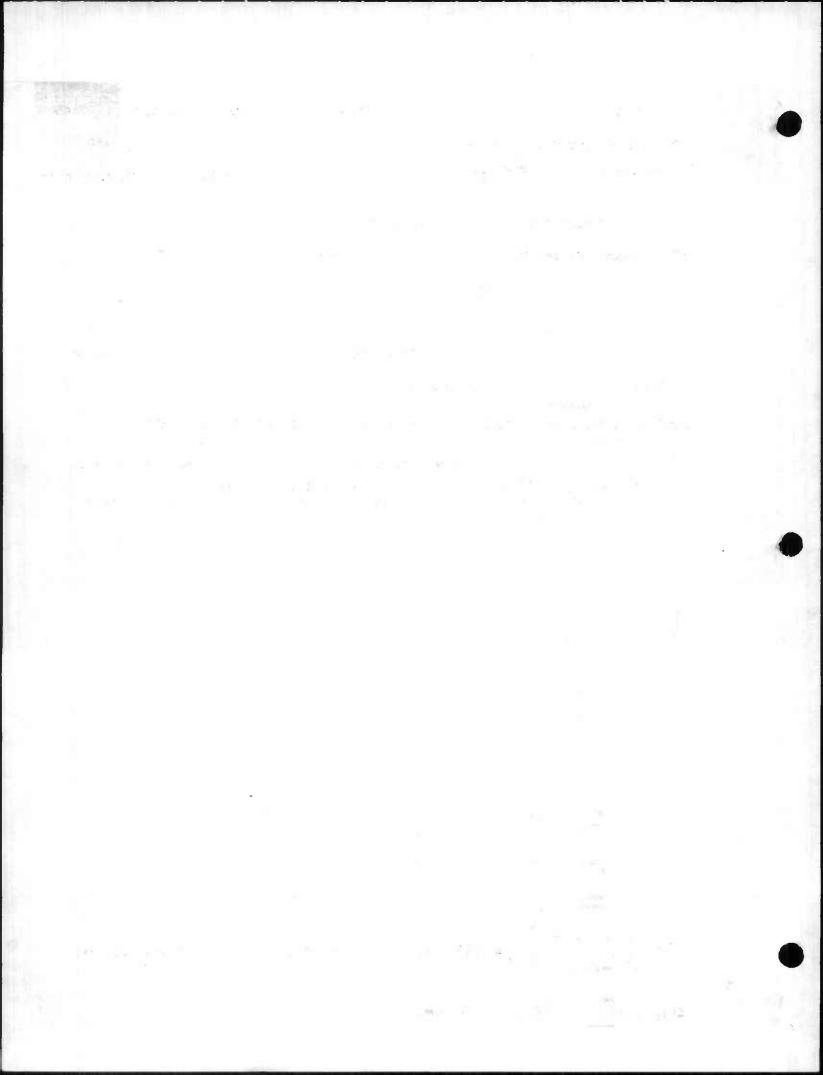


Physician /Medical Examiner  Funeral Director  Tosu  T	ual Residence of Decedent a. State  10b, County Balt 1 mor	re street and number)  of Balthman  Sex  I M 2 F 86  12. Was Decedent Ev Armed Forces?  1 Yes 2 XNo If Yes, Give Year or Dates: ducation ade completed)  College (1-4or 5+)  2  Type, Print)  (DAUG.)	On yrs. last birthday)  Tra.  10c. City, Town or Lo  BALTIN  er In U,S. 13. 1  16a. Dece (Give life. i	It Under 1 Year Months Days  Cation  AORE  10f. Zip Code  Was Decedent of H f Yes, specify Cube  1 Yes X No  Jent's Usual Occup	#b. City, Town, or Location of Tunder 24 Hrs. 8. Dete Mon FEB  21244  Ispanic Origin? (Specify Yes In, Mexican, Puerto Rican, et Specify:  ation  furing most of working	Death 4c. Co  O So  of Birth th, Day, Year) 4, 1911  10g. Citizer  or No- 14.  Sp  16b. Kind	3. Time of Death  / 7 5 0 0  punty of Death  / 7
Funeral Director  Separament of Heelih and Mental Hypiane.  10e.  10e.  11. M.  11. In and incordant: If item 27 is marked other than "natural; or items 23s or 25s-f ahow my injury or other traumatic event, the Medical Examiner multiple of the marked other traumatic event, the Medical Examiner ones.  12. Separament of Medical Examiner ones.  13. Separament of Medical Examiner ones.  14. Separament of Medical Examiner ones.  15. Separament of Medical Examiner ones.  16. Separament of Medical Examiner ones.  17. February of Medical Examiner ones.  18. Separament of Medical Examiner ones.  19. Separament of Medical Examiner ones.  20. Separament of Medica	Social Security Number  2.12-09-8401  ual Residence of Decedent a. State  10b Cquinty BaltImor  BALTIN b. Street and Number  8807 CORONADO RD.  Maritel Status  1 Never Married 2 Married 3 Never Married 4 Divorced  15. Decedent's Ec (Specify only highest green states)  Father's Name (First, Middle, Last)  HARRY  e. Informent's Name/Relationship (1)  INDICTION OF THE COLLY PEARL FEIT  a. Method of Disposition  1 Burial 2 Cremation 3 4  4 Donetion 5 Other (Specify	Sex Balthne Sex 7. Age 1  Re 12. Was Decedent Ev Armed Forces? 1 Yes, Give Year or Dates: ducation College (1-4or 5+) 2  Type, Print) (DAUG.)	(In yrs. last birthday)  5 Yrs.  10c. City, Town or Lo  BALTIN  er in U,S. 13.	Manths Days  cation  AORE  10f. Zip Code  Was Decedent of H Yes, specify Cuba 1 Yes X No  dent's Usual Occup kind of work done in DO NOT use refired.	If Under 24 Hrs. 8. Determined Hours Min. FEB  21244  Ispanic Origin? (Specify Yes In, Mexican, Puerto Rican, et Specify:  attion during most of working	of Birth (th, Day, Year) . 4,1911 10g. Citizer or No- 14. Sp	9. Birthplace (State or Fore Country) MARYLAND  10d. Inside City Lim 1 Yes 2 1  In of What Country?  USA  Race - American Indian, Bleck, White, etc.
Department of Heelih and Mental Hydiene.  Inportant: if item 27 is marked other than "natural", or items 23a or 28a-f ahow injury or other traumatic event, the Medical Examinat must be notified at 11. W. 11. See Completed by Funeral Director 12. See See See See See See See See See Se	a. State 10b County Baltimor  BALTIM  BALTIM  BALTIM  BALTIM  BRO7 CORONADO RD  Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced  (Specify only highest green specified only hi	12. Was Decedent Ev Armed Forces? 1  Yes 2 XNo If Yes, Give Year or Dates: ducation College (1-4or 5+) 2 Type, Print) (DAUG.)	BALTINer in U,S. 13.	Mas Decedent of H f Yes, specify Cuba I U Yes A No Sent's Usual Occup kind of work done of	ispanic Origin? (Specify Yes in, Mexican, Puerto Rican, et Specify: ation during most of working	or No- c.) 14. Sp	n of What Country?  USA  Race - American Indian, Bleck, White, etc.
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ysician Medical taminer  Examiner  Sequence of the content of the	. Signeture of Funeral Service Licen			sition (Name of natory or other place TIKVAH	Date	20c. Locat	tion - City or Town, State
ysician Medical caminer  Example  Example  Sequence  A sequence  S	- Jayu	Fellen			SON & BROS.,	INC.	LLE, MD 21208
50 0	mediate Cause (Final sease or condition sulting in death)  quentially list conditions, iny, leading to immediate use. Enter Underlying use (Disease or Injury It Initiated events sulting in death) Last	b	ue to (or as a conseque to (or as a conseque to (or as a conseque to (or as e conseque)	uence of):			
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page 2 should	Respiratory Failure Renal Failure Abdominal Su				24a.	Was an autopsy performed?	24b. Were autopsy finding available prior to completion of cause of death?
量 2	was case referred to medical				26. Plece of Death (Check	1 ☐ Yes 2 ☐ ↑	√o 1 ☐ Yes 2 ☐ No
ight L	1 Yes 2 No  Manner of Deeth 1 Natural 5 Pending 2 Accident Investigation	Hospital: 1 Impatient  28a. Date of Injury (Month, Day Y	2 ER/Outpatien 28b. Time of Injury	28c. Injun Work	4 Unursing Home 5 L	Residence 8 Combe how Injury o	
led in by	3 Suicide 6 Could not be determined	28e. Piaca of Injury building, etc. (	- At home, farm, str Specify)	eet, factory, office		tion (Street and Nor Town, State)	Number or Rural Route Number,
eg 258.	one) 2   Medical Exam	yelclan: To the best of n niner: On the basis of ex and manner stete	aminetion end/or inv	occurred et the time restigetion, in my of	ne, date end place, and due t pinion, deeth occurred at the	o the cause(s) an time, dete end pla	nd manner as stated. aca, and due to the cause(s)
	o. Signeture and title of certifier	~ MO		29c. Licenso	number 102321-0398		signed (Month, Day, Year)  Ascot 20 19
30. N D State 31. D	Name and address of person who o	completed cause of deat					11201



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

Physici		1. Decedant's Name (Fir.	st, Middle, La	st)					2. Date of Dec	eth		3. Time of Death
rilyaici	an	D		•					Month	Day	Year	
/Medic		Bessi 4e. Fecility Name (If not i		o atract and sumb	an'i		Pear	4b. City, Town, or L	August			12:45 PM
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uneral irector		5. Social Sacurity Number 172–07–4207	1	M STYFF	Age (In yrs.	Yrs.	Months Deys		8. Data of Birt (Month, De) Dec 17	y, Year)		ieca (Stete or Foreig try) nsylvania
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or 28	lire	10e. Street end Numbar					10f. Zlp Code			10g. Citizen of 1	What Count	try?
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al', or items 23a or 28a-f show Examinet must be notified at	by Funeral Director	11. Marital Status 1 ☐ Never Married 2 3 ☑ Widowed 4 ☐ [		12. Was Deceda Armed Force 1  Yes If Yas, Give	es? No		Wes Decedent of If Yes, specify Cut	Hispanic Origin? (Speen, Mexican, Puarto Specify:	pecify Yes or No- Rican, etc.)	14. Rac Blee	ck, White, a	atc.
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		Judith Summ		.d (Daug	hter)	-		, Larchr	nont, N.			
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y inju		21. Signature of Funerei	Servica Lican	isee /	1		2. Name end Addr	ess of Fecility				
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State of Maryland / Department of Health and Mental Hygiene

25924 Certificate of Death

1. Decedent's Nama (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** LOYD REDERICK LOSEN BERGE 1.00 PM /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** St. Agnes Nursing Home Ellicott City Howard If Undar 1 Year If Undar 24 Hrs. 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) .Funeral 8. Data of Birth (Month, Day, Year) NOKM 2□ F Months Days Hours 88 Yrs Director 215-03-8174 5, 1909 Maryland Usual Residence of Decedant death with the Maryland 10a. State 10b. County 10c. City, Town or Location ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits **Funeral Director** Maryland N/A Baltimore 1 Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1206 Pine Heights Avenue 21229 United States 12. Was Decedant Ever in U,S. Armed Forces?

1X Yes 2 □ No 194

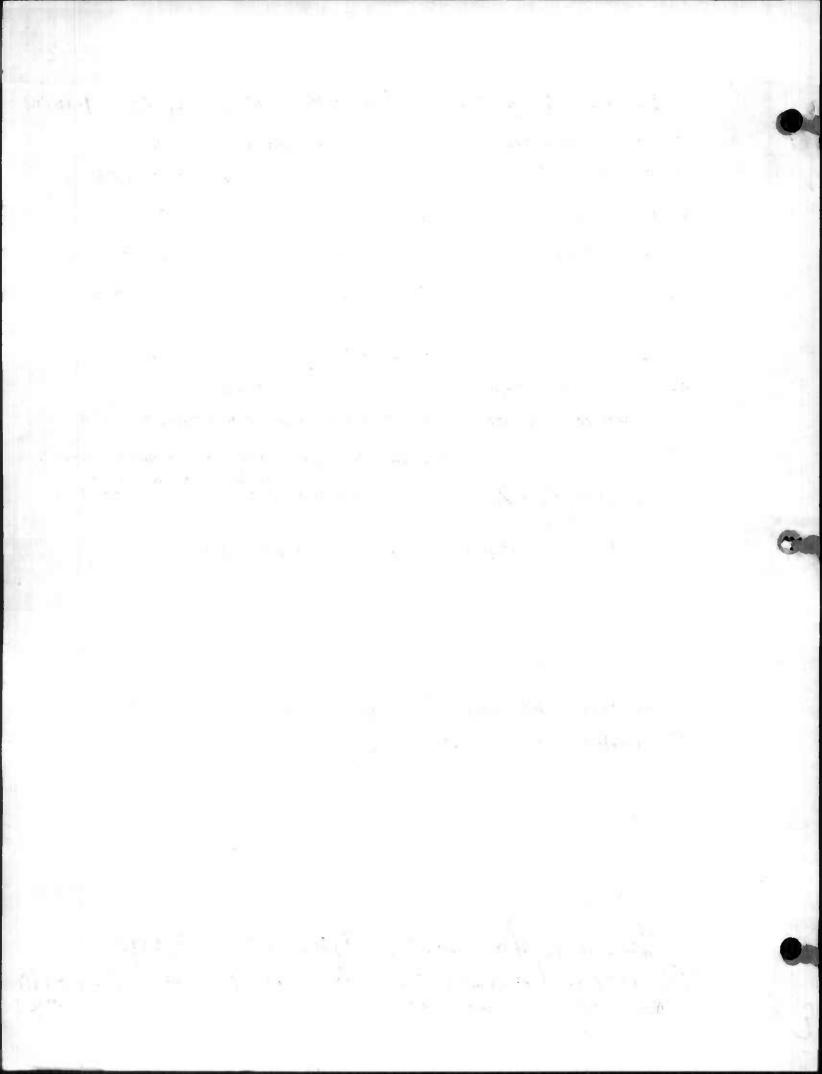
If Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. filed within 72 hours efter 1943 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No White Specify: p 3X Widowed 4 □ Divorced 1945 Year or Dates: "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) pernit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If itsm 27 is marked other than any injury or other traumatic event, the Many injury or other traumatic event, the Many injury or other traumatic event, the Many injury or other traumatic event, the Many injury or other traumatic event, the Many injury or other traumatic event. Elementery/Secondary (0-12) College (1-4or 5+) 8 Appliance Repairman Retail 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Charles Henry Rosenberger Florence Engelmann ပ 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Nancy Rosenberger / Daughter 1206 Pine Heights Ave., Baltimore, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State to Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 08/27/97 Baltimore, Maryland 21. Signature of Euneral Service Licens 22. Name and Address of Facility Loudon Park Funeral Home 3620 Wilkens Ave., Baltimore, Maryland 21229 23a. Part1. Enlar tha disease, or complications that ceusad tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician IHROM BOSIS /Medicat Immadiata Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Records, P.O. Box 68760, attending physician for use es the buria Physician/Medical Due to (or as a consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Dunknown 1 Yes 2 No signed b þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? ate has page 2 s certificate 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: Within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Wes cese referred to medical axaminer? 26. Place of Beath (Check only one) 2 1 ☐ Yas Other: Nursing Home 5 Residence 8 Other (Specify) 22 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete and plece, and due to the ceuse(s) and manner as stated. Certifying Physicient: 10 the best of my knowledge, deeth declined at the time, determine and piece, and due to the dedect, and manner as stated.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of certified 29c. License number 29d. Date signed (Mgeth, Dey, Year) 125 9) (Item 23a) (Type, Print) 1220 State

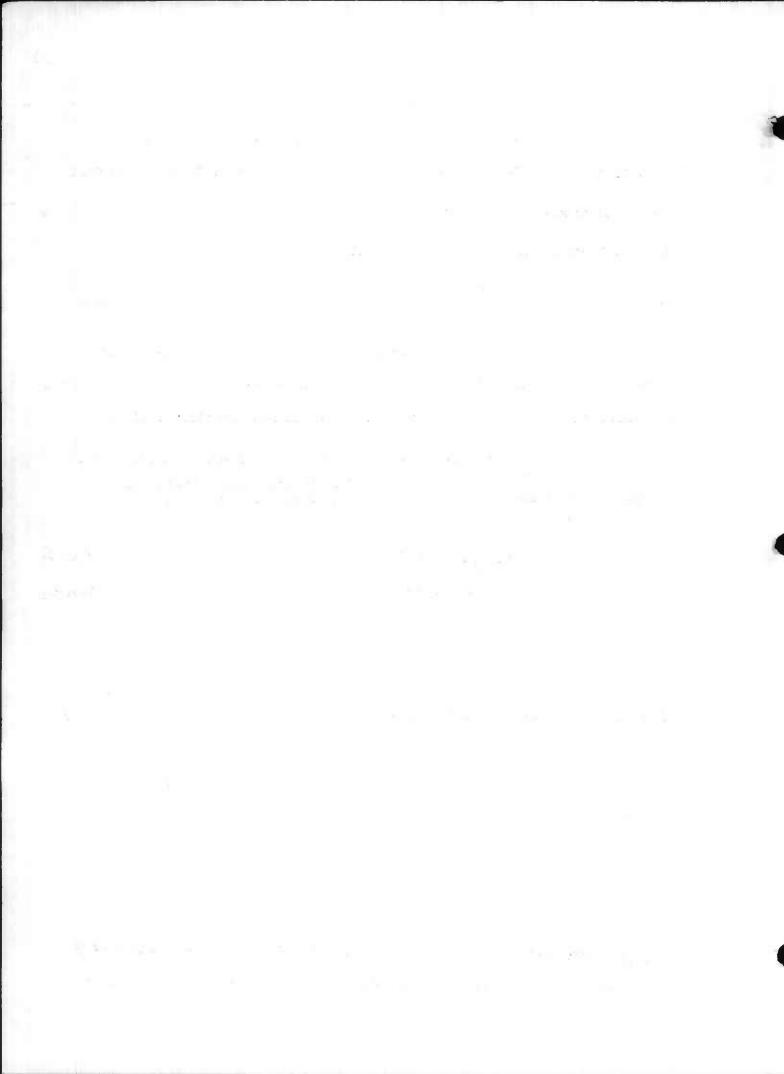
Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97

							Ce	rtifica	te of	Death			Reg. No.		
	Physic	ian		ne (First, Middle, La	ist)							2. Date of Dea Month		Yeer	3. Tima of Death
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	Funeral Director		5. Social Sacurity I 212-07-1 Usual Residence	341	Sex 1□M 2☑F	7. Aga (In yrs. 93		Months	Days		Min.	8. Data of Birti Month, Day Feb. 1	8 1904	9. Birthp Coun Mary	place (State or Foreign oto) Land
	Maryland -1 show	tor	10a. Stete MD.	10b. County Baltimor	e:		y, Town or Lo	ocation						1	10d. inside City Limits
	a or 28a	Funeral Director	10e. Street end Nu 7001 N	. Charles	st.				p Code 204				10g. Citizen of	What Cour	ntry?
21215-0020	be filed within 72 hours efter death with the Maryland hal Hyglene. Is dother than "netural", or items 23s or 28s-f show event, the Medical Examinat must be notified at	by Funera		ried 2 Married	12. Was Dece Armed For 1 Tes If Yes, Giv Yaar or De	2 <b>™</b> No e	,S. 13.	Was Dece if Yes, spe 1 Yes	ecify Cul	ban, Mexicai	n, Puarto	ecify Yas or No- Rican, atc.)		ce - Americ ck, White, y: Wh	
5-0	72 ho	ted	(Sne	15. Decedent's E				dant's Usu		pation during mos	t of work	ina	16b. Kind of B	lusiness/Ind	dustry
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	s 1 end 2 should f Heelth end Mer item 27 Is marks other traumatic			lame/Ralationship nes/Niece								hervill			Code)
Baltimore,	permit. Peges 1 end Depertment of Heelth Important: If Item 27 eny Injury or other tr once.			sposition Cremation 3 [ 5 Other (Speci		State	Pleca of Dispo cemetery, cre Ce Viev	matory or	other pl		8	Data -28-97	20c. Location Sykesv		
Balt	Depentition of the control of the co		21. Signature of F	uneral Service Lice	PD_	-	2:					uneral Towson			
	HILL S		23a. Part1. Enter shock, or her	tha disease, con art failura. List only	plications that ca	aused the deat	h. Do not en	ter the mo	de of dy	ring, such as	cardiac	or respiratory er	rest,	1	Approximeta Interval Batween
	Physician /Medicai Examiner	ŀ	immediate Cause disease or conditi- rasulting in deeth)	(Final	a. del										Onset and Deeth
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×	n certificate be executed inding physician and use es the buriel-trensit	Medical	rasulting in coatin)	L	d										
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j.	that the de ed by the deteched	hysi		ficant conditions				,	cause g	iven in Pert	l.	23b. Did t		3 Proi	the cause of death?
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Records,	requir	Completed I		,	_							24a. Was perfo	an eutopsy rmed?	av.	ere autopsy findings ailable prior to impletion of cause death?
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Vital		BeC	25. Wes case rafa	rrad to medical						26. Plece	e of Deal	th (Check only o	ne)		
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o uoi	Attac		27. Manner of Dea 1 ✓ Natural 2 ☐ Accident	th 5 Pending investigatio		of injury h, Day Year)	28b. Time o Injury	f M	28c. inji Wi	ury et ork? ] Yas 2 [	No	28d. Describe h	now injury occu-	rred	
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4	3 HE W	M	29b. Signature and	title of certifier	)			29	c. Licer	nse number			29d. Date signe	ed (Month,	Day, Year)
1	ere-		1/2/2	pellos	The				D2	898	7		8-20	6- 6	77
	6	13	30. Nama and and		complated cause		n 23a) (Type,					BALTO	4.4.5	2:25	20
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	Sta Regist		31. Date Gad Go	26 1997	gistia,	Strart Signa	Handell	•							



State of Maryland / Department of Health and Mental Hygiene 97

Certificate of Death 25926

		_						Oei	uncate	UI	Dealli			Reg. No.		
	Physic /Medi		Dorothy EL			OHI							2. Date of D Month	Day	Year 1997	3. Time of Death 4:35 PM
	Exami		4a. Facility Name (If not institu			,	ente	r				wn, or Lo	ocation of Dea	th 4c. Coun	ty of Death	imore
	Funeral Director	11	5. Social Security Number 218–18–9716	6. Se:	м 280 F	7. Age (In 72		irthday) Yrs.	If Under 1 Months	Year Days		24 Hrs. Min.	8. Date of B (Month, D	irth Pay, Year) '25	9. Birthpla Counti MARYI	ace (State or Foreign y) AND
NUAL	Maryland f show	or	Usual Residence of Decedent  10a. State 10b. Cou	1		100	c. City, To			_					10	d. Inside City Limits 1 ☐ Yes 2 🕅 No
< h	with the	i Direct	MD BAL 10e. Street end Number 1938 HILL AVE	TIMO	KE.		PA	IRKV.	ILLE 10f. Zip C		234			10g. Citizen of		ry?
5-0020	72 hours efter deeth with the Maryland natural', or items 23a or 28a-f show dical Examinat must be notified at	by Funeral Director	11. Maritel Stetus  1 Never Married 2 Nover Ma	arried	12. Was Dec Armed F 1  Yes If Yes, G Yeer or I	orces? 2 XNo ive	in U,S.			nt of I	Hispanic Ori pan, Mexican	gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	lo- 14. Ra		tc.
21215-0	within iane.	Completed	15. Deced (Specify only hig Elementary/Secondery (0-12	hest grade	e completed,	(1-4or 5+)	166	(Give life. L	dent's Usual ( kind of work DO NOT use	done retire	during most ad)	of work	ing	16b. Kind of		
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Mary	the second		19a. Informant's Name/Relation	nship (Ty		USBANI			ng Address (				al Route Numi	ber, City or Town	n, State, Zip (	Code)
Baltimore,	pages 1 e ent of Hea nt: If itam y or othe		20a. Method of Disposition 1 ☐ Burial 2 【X Crematic 4 ☐ Donation 5 ☐ Other			State 20	0b. Place cemete	of Dispos ery, crem	sition (Name na <i>tory or oth</i>	of er pla	ісе)		Dete 3/25/97	20c. Location	- City or Tow	
Baltii	permit. Pages 1 end 2 Department of Health a Important: If item 27 is any Injury or other tra once.		21. Signature of Funeral Servi		) V		METRO	22	Name and OHNSON	Addre	ess of Facilit	у	· - · ·	l LOCH	SVILLE RAVEN	
			23e. Pert1. Enter the disease, shock, or heart fellure.	or compli	cations that	caused the each line.	death. Do	not ente	OWSON, er the mode	MI of dyi	ng, such as	86 cardiac	or respiratory	arrest,		Approximate Interval Between Onset end Death
7	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	8	RUP					L	AORT:	IC A	NEURY	/SM		
Ч	ned new	miner		_ b	). ———		to (or as a		,							
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P.0.	es that the death igned by the etter be detached for u		Part II. Other algnificant cond CHRONIC							ıse gi	ven in Part I.	,				the cause of death?
sion of Vital Records,	been si	Completed by	RENAL FA	ILUR	E								24a. We	s an autopsy formed?	avai	e autopsy findings leble prior to pletion of cause eath?
al Re	Physician: Tha law this certificata hes al director, page 2		CORONARY		ERY I	DISEA	SE						1 🗆	Yes 2 <b>X</b> No		Yes 2 <b>X</b> No
f Vit	ig Physician: ter this certific neral director,	To Be	25. Wes case referred to medi examiner? 1 ☐ Yes ② No		lospital:	Inpatient	2 ER/0	utpatien	t 3 DOA	Otl	her:		n <i>(Check only</i> me 5□Res	one)	ther (Specify)	
sion o	nding Phath. ath. or: After th	Certification:	Z CJ / tooldorit	stigation	28e. Date (Mor	of Injury oth, Day Yea	28b.	Time of Injury	M 280	. Inju Wo 1 □	ryat irk? ]Yes 2 ☐ I	No	28d. Describe	how injury occu	urred	
Ma	ral Dira		4 ☐ Homicide dete	mined	build	ing, etc. (Sp	oecify)		eet, factory, o				City or To	(Street and Num own, State)		
(	25 TO 10 TO	edical	29a. Certifier (Check only one)  Certifier  2 Medic	ying Phya al Examir	er: On the b	best of my asis of exar ner stated.	knowledg mination a	e, death nd/or inv	occurred et restigation, in	the ti	me, date and opinion, deat	d place, th occurr	and due to the ed at the time	cause(s) end n , date and plece	nanner es ste e, and due to t	ted. he cause(s)
	V wit	M	29b. Signature end title of certi	fie	Sur	- 9A	NZ	)			se number 254			29d. Date sign	2 }	1941
	6		30. Neme and address of person	on who co	mpleted cau	se of deeth	(Item 23e)	(Type, I	Print)							1 1

7620 YORK ROAD

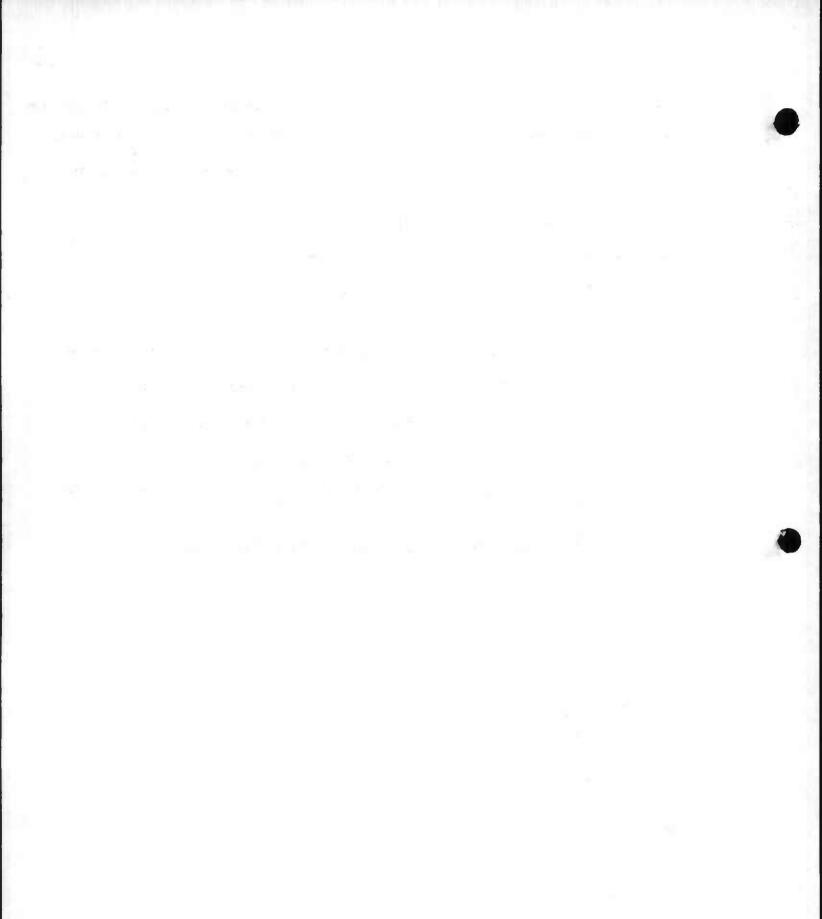
TOWSON, MARYLAND

21204

DHMH 16 Rev 6/95

State Registrar

BOON P. LIM, M.D.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month Mark Kosenblatt FLLIOTT 4:50 p AUGUST 23, 199 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deet BALTIMORE HOPKINS HOSPITAL JOHNS If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Months 1 M 2 □ F Hours 218-28-7400 64 FEB.15,1933 64 Usuel Residence of Decedent 10b. County 10e. Stete 10d. Inside City Limits 10c. City. Town or Location MD BALTIMORE BALTIMORE 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4001 OLD COURT RD., APT. 503 21208 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck. White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☐ No Specify. Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 AGENT REAL ESTATE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) BERNARD ROSENBLATT SOPHIA L. NICKEL 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) SYLVIA ROSENBLATT (WIFE) BALTO., MD 4001 OLD COURT RD., APT. 503 21208 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete 1 Burlai 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) ARLINGTON (CHIZUK AMUNO) 8/25/97 BALTIMORE, MD 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final hemorrhage diseese or condition resulting in deeth) State with deep venous thrombosis One week ypercoagulable Due to (or es e consequence of) One week Due to (or es e consequence of): Hdenocarcinoma of unknown primary Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 12 Unknown 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 No 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident

**Physician** /Medicai Examiner

Bud

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Physician/Medical

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Completed

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Certification:

Medicai

68760

Box

P.O.

Records.

Vital

to

**Physician** 

/Medicai

Examiner

**Funeral** 

Director

"naturel", or items 23a or 28a-f show

traumatic event, the Medical

other 1

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should be filed within 7; and Mental Hygiene.

Peges 1 and 2 should be f nent of Health and Mental F int: If Item 27 is marked of

permit. Pege Department of Important: If any injury or

Director

Funerai

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Completed

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death

72 hours after

Baltimore, Maryland 21215-0020

Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest

1 Yes 20 No 27. Menner of Deeth

5 Pending Investigation

28c. Injury et Work? 1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

(Check only

3 Sulcide

4 Homicide

\*\*Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dev. Year)

6 Could not be determined

- Intern

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

KES-000

August 23, 1997

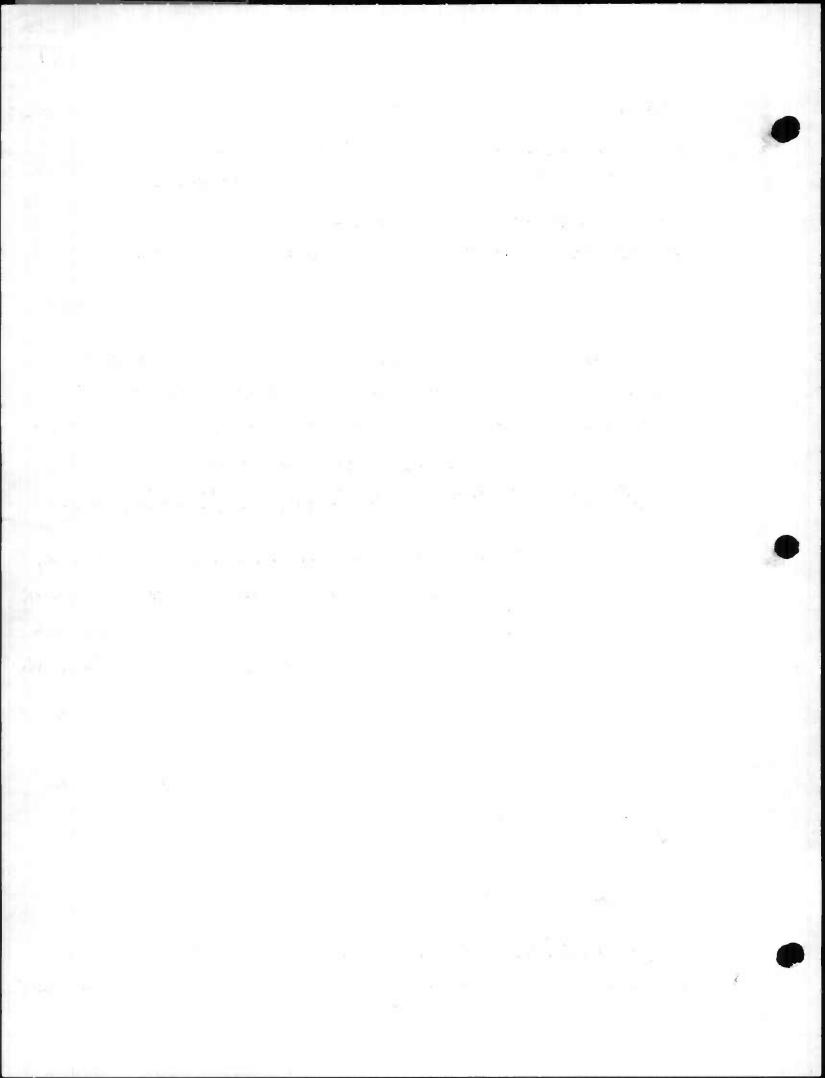
who completed cause of deeth (Item 23e) (Type, Print)

Milton 31. Dete filed (Month, Day, Year)

600 North Wolfe Street, Baltmore, MD 21285 Johns Hopkins Hospital,

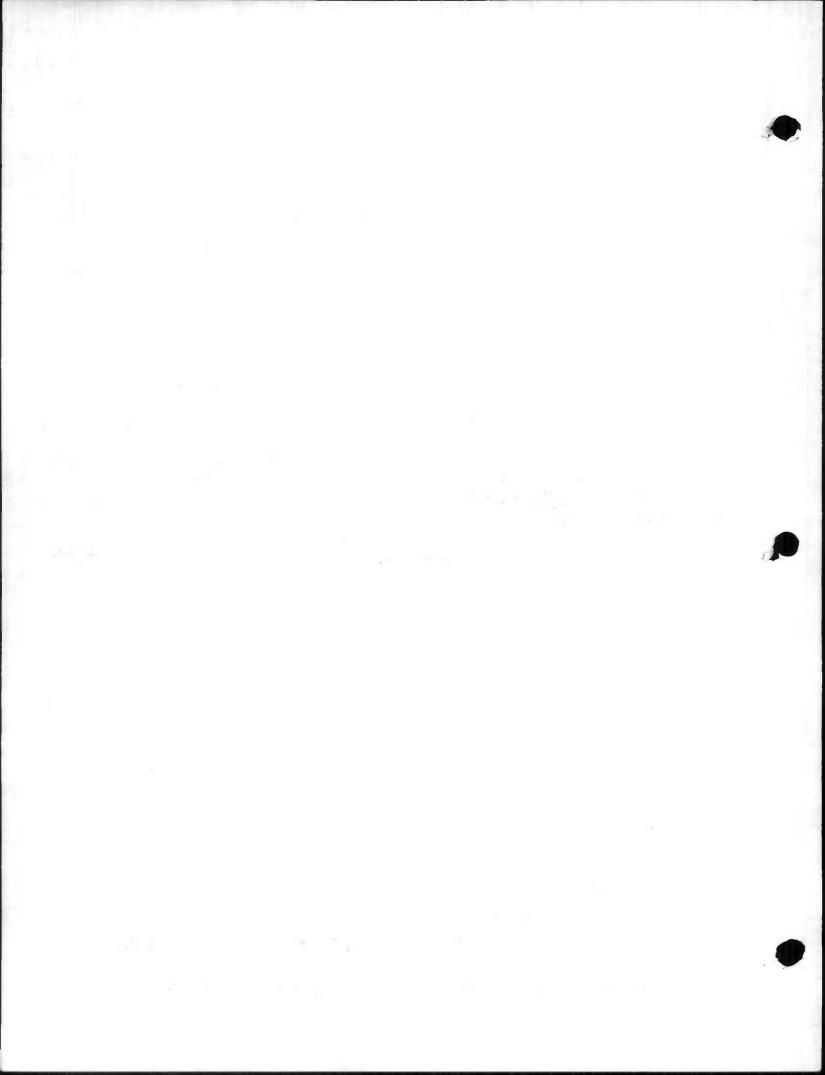
State Registrar

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State of Maryland / Department of Health and Mental Hygiene 0.7

			Certificate o		Re	eg. No.	25928
Physician	1. Decedent's Name (First, Middle, Li Blanche S	·			2. Date of Death Month	23,19	3. Time of Death 10:50A.
/Medical	4a. Facility Name (If not institution, gir			4b. City, Town, or Lo	August	4c. County of	
Examiner	3324 Avondal			Balti		40. County of	N/A
Funeral		Sex 7. Age (In yrs. I	ast birthday) If Under 1 Yes	ar If Under 24 Hrs.		.   9	
Director	214-54-6387 Usual Residence of Decedent	1□ M 2□ F 7	1 Yrs. Months Dey	Hours Min.	8. Date of Birth (Month, Day, Jan 8	1926	P. Birthplace (State or Foreign Country)  NC .
or 28a-f show be notified at Director	Md. 10b. County	/A	, Town or Location Balti	more			10d. inside City Limits
the death with the Mai Herns 23e or 28s-1 si note must be notified 	10e. Street and Number 3324 Avondale	Avenue	10f. Zip Code	21215	10	g. Citizen of Wh	et Country?
8	3 XWidowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 TNo If Yes, Give Year or Dates:	13. Was Decedent of If Yes, specify Cu	f Hispenic Origin? (Spuban, Mexicen, Puerto o Specify:	ecify Yes or No- Ricen, etc.)		Americen Indian, White, etc. Black
Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5+)	16a. Decedent's Usual Occ (Give kind of work don life. DO NOT use reti		ing	6b. Kind of Busin	ness/Industry
Co	12TH		Housewi				omestic
and the standard of the standa	17. Father's Name (First, Middle, Last Ganville Wins			18. Mother's Name			
ryla hould d Men marks marks To					e Winst		
Maryland alth and Mental H 27 is marked oth r traumatic even To Be	19a. Informant's Name/Relationship Doris Rascoe		19b. Mailing Address (Stre				Md. 21215
Te as I se other other	20a. Method of Disposition	20b. Pl	ace of Disposition (Name of				ty or Town, State
altimore, mit. Pages 1 at partment of Heal portant: If Item 2 y Injury or other 26.	12 Burial 2 Cremation 3 4 Donation 5 Other (Speci	y) Ba	nmetery, cremetory or other partition of the partition of	1 8/2	9/97		nore, Md.
Ba Perm Depa Impo impo any li	21. Signeture of Funeral Service Lice	B. Cepl		ress of Fecility Ca nner Ave	_		ervice , Md 21215
Physician	23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that ceused the death one cause on each line.					Approximete Interval Between Onset end Death
/Medical	immediate Cause (Final disease or condition	cole	on Canad				4 years
Examiner	resulting in death)		as a consequence of):				
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68760, ifficate be executed gphysician and as the burial-trensit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	Due to (or	as a consequence of):				
687 tificate ng phys as the	resulting in death) Last	Due to (or	es a consequence of):				,
P.O. Box nat the death cer d by the ettendin leteched for use							
P.O. at the de d by the leteched	Part II. Other significant conditions of	ontributing to death but not resu	Iting in the underlying cause	given in Part I.	23b. Did tot		ibute to the cause of death?
					1 🗆 Ye		☐ Probably 4☐ Unknown
The law requires that the death certained by the ettendire page 2 should be deteched for use Completed by PhysicianA					24a. Was an perform	autopsy and?	24b. Were autopsy findings eveilable prior to completion of cause of death?
The if The is pege					1 □ Ye	s 2 100	1 ☐ Yes 2 ☐ No
f Vital Inysician: The secrificate director, peg	25. Was cese referred to medical examiner?	41		26. Place of Deat	h (Check only one	9)	
Of New Physic Physic all direct all direct To To	1 Yes 2 No 27. Manner of Death		Envotipatient 3 DOA		me 5 Reside		
On ding far.	1 ☑Natural 5 ☐ Pending	(Month, Day Year)	28b. Time of 28c. In injury M	fork? ☐ Yes 2 ☐ No	28d. Describe hor	w injury occurred	
Oivision of Vital Records, or Atanding Physician: The law requires the after death.  Director: After this certificate has been signed in by the funeral director, page 2 should be certification: To Be Completed by	2 Accident investigation 3 Sulcide 6 Could not be determined		me, farm, street, factory, office		28f. Location (Str. City or Town,	eet and Number State)	or Rural Route Number,
Division ( To the Hospital or Attending P within 24 hours sheet death completely filled in by the funera  Medical Certification:	29a. Certifier 1 Certifying Processing (Check only one) 2 Medical Example 1	ysician: To the best of my knowniner: On the basis of examinati	rledge, death occurred at the on and/or investigation, in my	time, date and place, opinion, death occurr	and due to the ca ed at the time, da	use(s) and mann te and place, and	ner as stated. d due to the ceuse(s)
Me	29b. Signeture end title of certifier	A 40 11	29c. Lice	nse number	29	d. Dete signed (	Month, Day, Year)
	• 0	ay No, M)	D5	0576		08/25/	77
. 3	30. Name and address of person who	11 / // //		0/ 0//	(	25.2	
Chair	31. Date filed (Month, Day, Year)	Hopkins Hospita	600 N. Wolfe.	of Baltimo	ice, mi)	21281	
State Registrar	AUG 2 6 1997	32 Registrar's Signat	all_				



# SHELTON, EVELYN Baltimore, Maryland 21215-0020

within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

Please Type or	Print in	Black Indelible Ink.	Assure	All Copies	Are Legible
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State of Maryland / Department of Health and Mental Hygiene 9

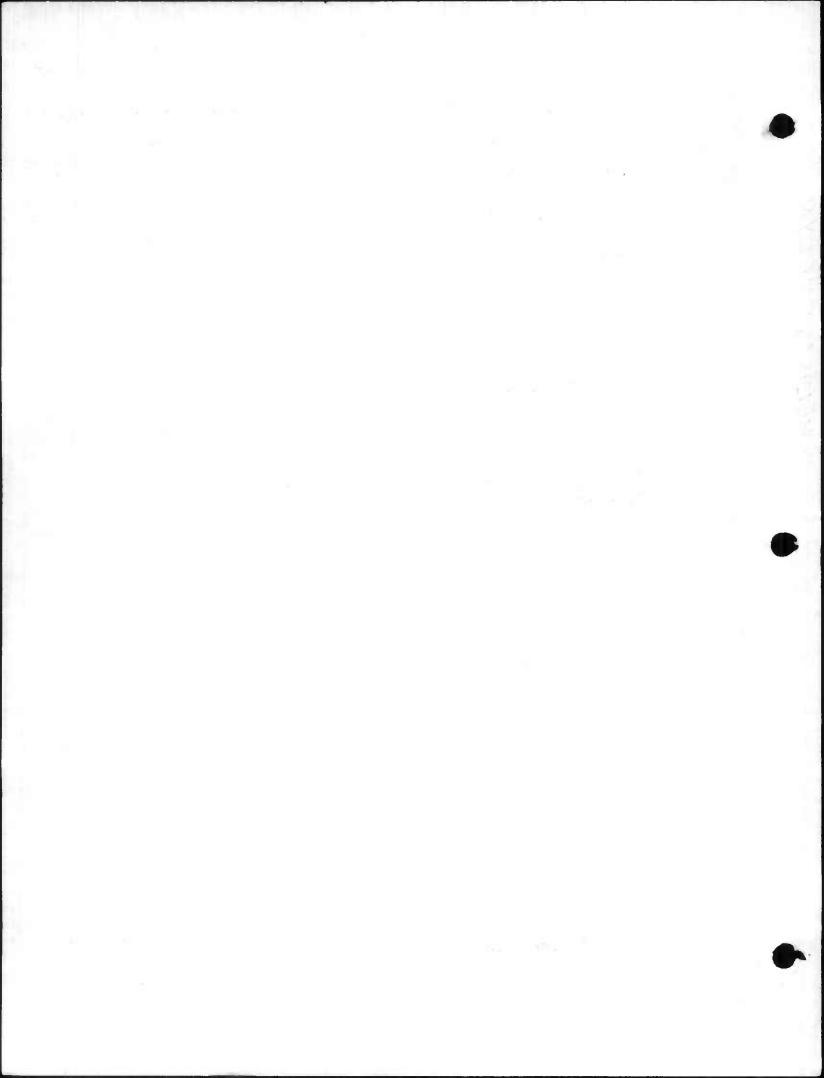
Certificate of Death

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iner	4e. Facility Neme (If not institution, give North Arundel				4b. City, Town, of Glen I	r Location of Deet Burnie		of Deeth	ndel
al or	220 10 40/4	9x 7. Age (In yr	rs. lest birthde Yrs.	Months Days		. (Month, De			ce (Stete or Foreign
tor	Usuel Residence of Decedent  10a. Stete 10b. County  MD Anne A		City, Town or I	Location Burnie				10d	I. Inside City Limits  1 ☐ Yas 2 No
Direc	10e. Street end Number 7575 East Howa	rd Road		10f. Zip Code 2106	1		10g. Citizen of V	Whet Country	y?
by Funeral Director	11. Meritei Stetus  1  Never Married 2 Married	12. Wes Decedent Ever in Armed Forces?  1  Yes 2 No If Yes, Give Yeer or Detes:	U,S. 13	3. Wes Decedent of if Yes, specify Cub	Hispenic Orlgin? ( pan, Mexican, Pue	Specify Yes or No rto Rican, etc.)	14. Rec	e - American ck, White, etc w:White	c.
Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12) 1 2	ucation de completed) College (1-4or 5+)	(Giv life.	edent's Usuei Occu re kind of work done DO NOT use ratire	during most of word)	orking	16b. Kind of Bu		
To Be Co	17. Fether's Neme (First, Middle, Last) Gustav A.	Schmale	010	rk Typi	18. Mother's No	eme (First, Middle,	Melden Sumem		Maryland
F	19e. informent's Neme/Reletionship (7		19b. Mei	iling Address (Stree				State, Zip Co	lode)
	George W. Shelton  20e. Method of Disposition  1 Burlal 2 X Cramation 3 Disposition  4 Donetton 5 Other (Specify	20b Removel from State	. Piece of Disp cemetery, cr	Barbara Ro position (Name of emetory or other pla crematory	ice)	Dete	MD 21 20c. Location - Baltim	City or Town	
	21. Signeture of Funerel Service Licent	Ponald	C	remation 99 Freder	Society	of Maryl	and, Ind	с.	
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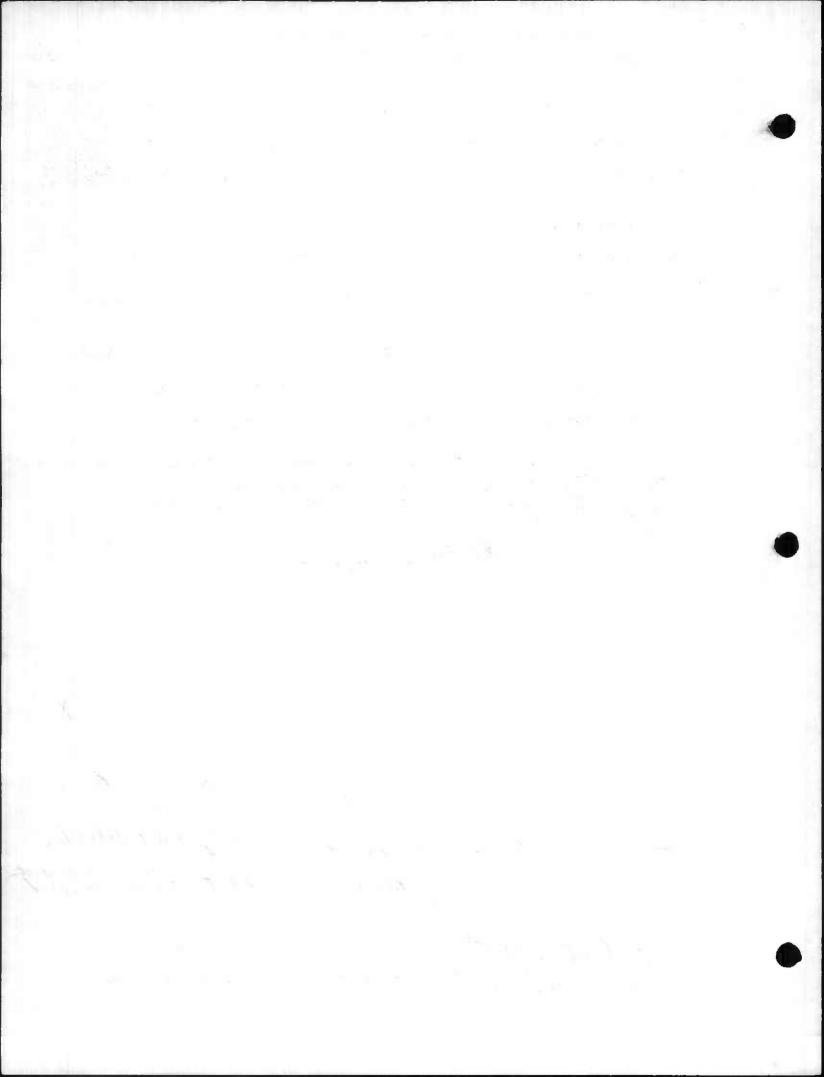
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Lina Jary don-Handell



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Physi /Med			Villiam	Schett	ler, Jr.		Month AUG.	Day	Yeer 1210 PM	
Exam		4e. Fecility Neme (If not institution, ga				4b. City, Town,	or Location of Dee	th 4c. County	y of Deeth	
Funeral Director		Ft. Meade E.P.A.				FT.MEZ			ARUNDEL	
	_	5. Social Security Number 6. Sex 7. Age (In yrs 213 52 4366 X 49			Yrs. If Under 1 Yes  Months Dey		Ain. (Month, D	irth ley, <i>Year)</i> 23,1947	Birthplace (State or Foreign Country)     Maryland	
land m m		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Location				10d. Inside City Limits	
72 hours effer deeth with the Meryland natural, or items 23a or 28a-f show deal Examiner must be ricitified at	to								1□ Yes 2□ No	
	Directo	10e. Street end Number 10f. Zip Coda						10g. Citizan of What Country?		
23a 23a		1132 Maple Avenue				21221			USA	
4 within 72 hours effer deeth with the Meryla jiene r than "neturs!", or items 23a or 28a-1 show The Madical Examines must be ricitled at	by Funeral	11. Meritel Status  1 Never Married 2 Married 3 Widowad 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 220 If Yes, Giva Yeer or Dates:		13. Was Decedent of If Yes, specify Co	uban, Mexican, Pu	? (Specify Yes or N uerto Rican, etc.)	Bla	ca - American Indien, ck, White, etc. cy: White	
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200		19a. Informent's Name/Relationship Diana Schettler (			. Mailing Address (Stre					
Heall		20e. Method of Disposition	MTTG)		32 Maple Av		ssex, Mar		- City or Town, Stete	
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/Medica Examine	_	4e. Facility Name (If not institution, give					August	23, 19	97 1 PM	
	-	7307 Wenig Ave.	4e. Facility Name (If not institution, give street end number)  4b. City, Town, or Location of Deeth  4c. County of Deeth							
irector		Social Security Number 6. Se	7. Aga (In yrs. lest birthday) If Und		If Under 1 Year Months Deys	If Under 24 Hrs Hours Min.	8. Date of Birth	(aer) 9.	Birthplece (Stete or Fore Country) Maryland	
f show	or	10e. Steta 10b. County  Maryland Baltim		c. City, Town or Loc	cation	Baltimo	re		10d. Insida City Lim	
23a or 28a-f show	i Director	10e. Street end Number 7307 Wenig Ave.		10f. Zip Code 2:	1222		10g. Citizen of What Country? United States			
al', or items	by Funeral	11. Meritel Status  1 Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Yaer or Datas:	If	Vas Decedent of H Yes, specify Cub	dispenic Origin? (S an, Mexican, Puer Specify:	pecify Yas or No- o Rican, etc.)		Amarican Indien, Vhite, etc. White	
the Medical	Completed	15. Decedent's Edi (Specify only highest gred Elementary/Secondary (0-12)	cation la completed) College (1-4or 5+)	mpleted) (Giva kii College (1-4or 5+)		ent's Usuel Occupation ind of work done during most of working O NOT use retired) Line Supervisor			16b. Kind of Business/Industry  Meat Packing Factor	
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27 la m r traum	-	19e. Informent's Neme/Ralationship (T) Pamela Hewitt / N					iral Route Number, C			
- 0		20e. Method of Disposition  1 Burial 2 Cremetion 3 F 4 Donetlon 5 Char (Specify)	Removal from State	Ob. Plece of Dispos cemetery, crem	sition (Name of etory or other ple	ce)	Dete 20	c. Location - City	or Town, State	
important: If i any injury or once.		21. Signature of Fuperal Service Licens		e	AFA Step	hen D. L	TE ANATOMY BOOMER DE DE DE DE DE DE DE DE DE DE DE DE DE	A	, MD 21286	
physicia s the bur	an/Medicai Examiner	Immediate Cause (Final disease or condition resulting In deeth)  Sequentially list conditions, if eny, laeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest	b. Ove	ng Cun to (or es a consequence of the percentage) to (or es a consequence of the percentage) to (or es a consequence of the percentage)	strictly uence of): 0515 uence of):	Pohne	many D'	Seuro	Onset end Death	
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has been signe	Completed by						24a. Was an performe	24a. Was an autopsy performed?  24b. Were eutopsy findia evelleble prior to completion of caus of death?		
certificate ha		25. Was case releved a medical					1 ☐ Yas		1 ☐ Yes 2 ☐ 110	
d dis	n: To Be	axeminer?					ome 5D Residenca 6 Other (Specify)  28d. Describe how injury occurred			
To the Funeral Director: After t completely filled in by the funeral	Certification:						28f. Location (Street end Number or Rural Route Number, City or Town, State)			
To the Funeral Dir	edicai C	29a. Certiflar (Check only one)  11 Certifying Physician: To the best of my knowladga, daath occurred et tha tima, data and piece, and due to the ceusa(s) and mannar as statad.  2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the tima, date end place, end due to the ceusa(s) and menner steted.								
20	-	29b. Signature and title of pertitier	MD		29c. Licens	e number	290	d. Date signed (M	lonth, Dey, Year)	

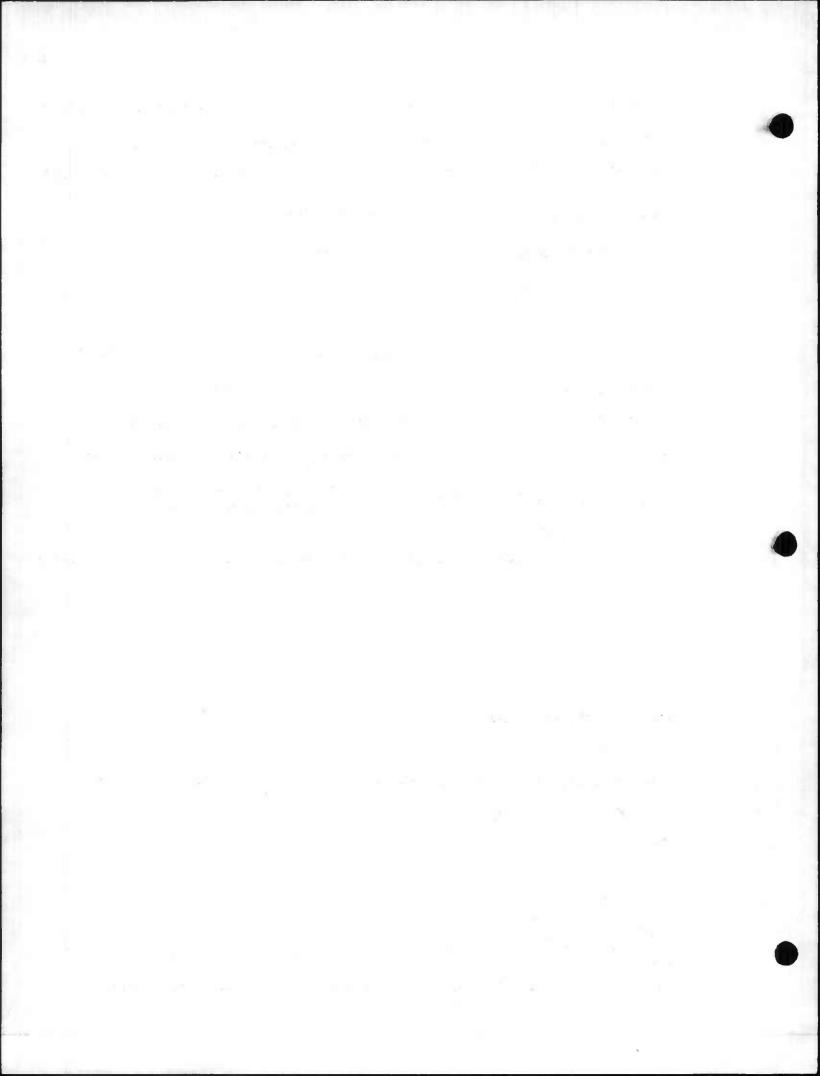
DHMH 16 Rev 6/95

BURIAL ARRANGEMENTS WILL BE MADE ONCE GRANDSON IS FOUND.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Robert SCHILPP 20, 1997 7:05 am August /Medicai 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Franklin Square Hospital Center Rosedale Baltimore Hours Min. B. Dete of Birth (Month, Dey, Year) Oct • 21, 1921 5. Sociel Security Number If Under 1 Yeer 9. Birthpleca (Stata or Foreign Country)
MAryland 7. Aga (In yrs. last birthday) **Funerai** 1 **X**M 2□ F Deys 215-18-5154 Yrs. Director Usual Residence of Dacadant the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f shov Md. **Baltimore** Middle River Director 1 ☐ Yes 2 ☐ No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? with 10032 Icabod LAne 21220 USA Funeral filed within 72 hours after death Herra . 14. Race - American indian, Bieck, Whita, atc. 11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxicen, Puarto Rican, atc.) the Madical Examiner MXYes 2 ☐ No if Yas, Giva Yaar or Detas: 1 Naver Married 2 Married 21215-0020 ò 1 ☐ Yas 2 ☐XNo Specify: White by 3 Widowed 4 Divorced "netural". Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) than Elemantary/Secondary (0-12) Collega (1-4or 5+) Hygiene. Beth Steel Ship Fitter permit. Pages 1 end 2 should be file.
Department of Health and Mental Hygh
Important: if item 27 is marked --sny injury or other \*-ones. 12th marksd other Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be William Schilpp Anna Edelmann 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Robert Schilpp /son 2665 Ravenwood Court Wexford PA. 15090 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Ramovai from Stata Holy Rosary Cemetery 8/23/97 Baltimore MD. 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signatura of Funaral Servica Licansaa 22. Nama and Addrass of Facility Connelly Funeral Home of Essex 300 Mace Ave. Baltimroe MD. 21221 rtha moda of dying, such as cerdiac or respiratory arrast, 23a. Part1. Enter tha disaase, or complice shock, or heart failura. List only on that caused the death, se on each line. Do pet entar Approximate Intarvai Bet Onset end Death **Physician** Immediate Ceuse (Finel diseesa or condition rasulting in death) /Medical Atherosclerotic Cardiovascular Disease 10 Years Examiner Dua to (or es e consequence of): The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata cause. Entar Underlying Causa (Diseesa or injury that Initieted avants resulting in death) Lest pue bunial-trar Dua to (or as a consequence of): Records, P.O. Box 68760, physician Physician/Medical the Dua to (or as a consequance of): 29 esu attending jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown Mesothelioma Peritoneal ģ 99 24b. Were eutopsy findings evelleble prior to completion of cause of death? page 2 should Completed 24a. Was en eutopsy performed? Asbestosis Yas 2□No 12 Yas 2 No Chronic Obstructive Pulmonary Disease of Vital Physician: Be 25. Was cesa raferred to madicel axeminar? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yas 2 No Inpatiant 2 ER/Outpatient 3 DOA Certification: To this 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? ision 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) Ğ 4 ☐ Homleida Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end place, end due to the cause(s) and manner es steted.

Medical Examiner: On the basis of exemination and/or invastigetion, in my opinion, death occurred at the time, data and place, end dua to tha causa(s) end manner statad. Medical 29a. Certifian (Check only one) 29b, Rignature and little of certifie 29c. Licansa number 29d. Dete signed (Month, Day, Year) D31076 August 20, 1997 Nama and addrass of person who completed causa of daath (item 23e) (Type, Print) Orn Eliasson M.D 9000 Franklin Square Drive Baltimore, MD 21237 31. Data filad (Month, Dev. Yaar) AUG 2 6 1997 ina Bandary Sprature State



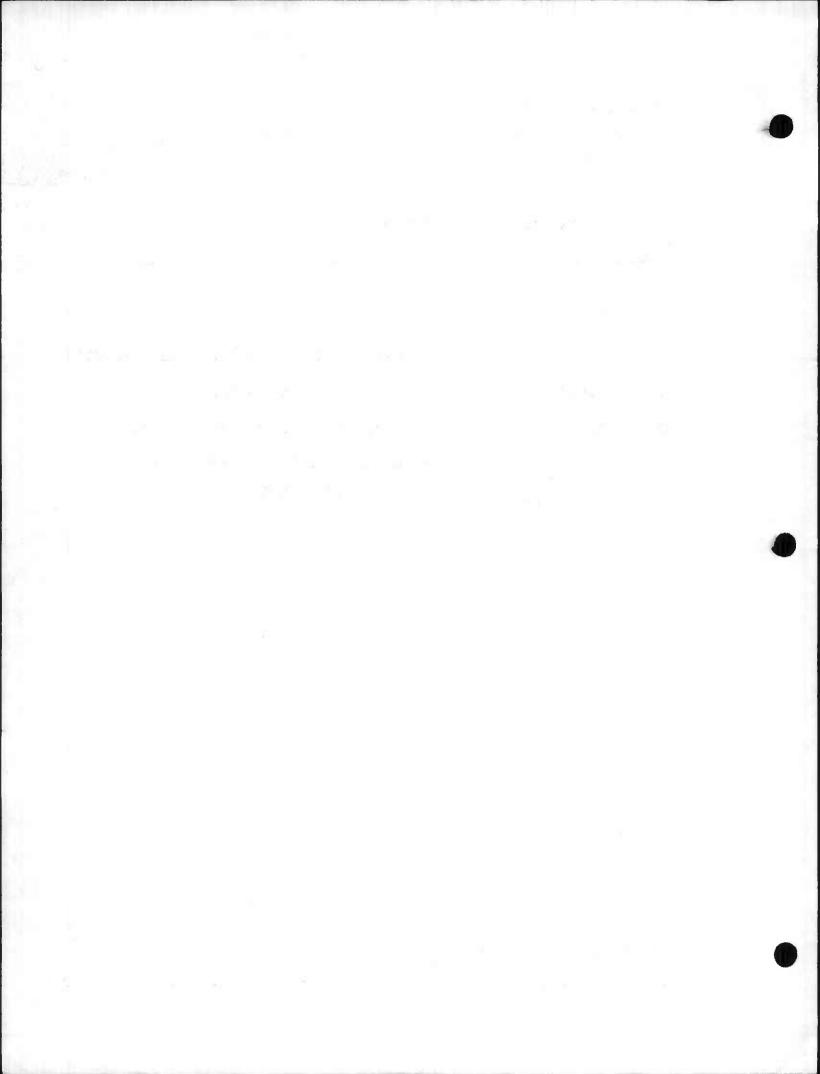
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3740	37-3	10	Please Type or Print in Black Indelible Ink. Assure All Copies A
RITA	L.	SAUNDERS	State of Maryland / Department of Health and Mental Hygie

	an	1. Decedent's Name (First, Middle,	MEO G-751 9 Last) AUNDERS	73737 dil				2. Dete of I	Dey	Yeer 3. Time of Deet
/Medic Examin		4e. Fecility Name (If not institution, ST. AGNES HO	give street and num	iber)			4b. City, Town, BALTIN	or Location of Der	eth 4c. County	
Funeral Director		236-98-4064	. Sex 1□ M 2ሺF	7. Age (In yrs. la	st birthdey).	If Under 1 Yeer Months Deys	If Under 24   Hours N	Ain. (Month, I	BALTI Birth Day, Year) 7,1961	9. Birthplace (Stete or Fore Country) MARYLAND
with the Maryland a or 28a-f show the notified at	ctor	Usuel Residence of Decedent  10e. Stete 10b. County  WV PENDL	ETON		Town or Loc					10d. Inside City Lln 1 ☐ Yes 2 ☐
with the	Direc	10e. Street end Number				10f. Zip Code			10g. Citizen of \	
illed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show int, tra Moulcal Examinal must be notified at	by Funeral Director	HC 72, BOX 29M  11. Maritel Stetus  1 Never Married 2 Marrier  3 Wildowed 4 Divorcad	Armed For	No No	lf	2680 Vas Decedent of I Yes, spacify Cub	Ilspanic Origin en, Mexican, Pi	? (Specify Yes or I uerto Rican, etc.)		ca - American Indien, ck, White, etc.
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and Me	10	HARVIE BURRESS  19e. Informent's Name/Reletionship	(Type, Print)		19b. Mailin	g Address (Street		DIE_NUNLI Rure/ Route Nun	Ynber, City or Town,	, Stete, Zip Code)
egas 1 end 2 should nt of Haaith and Mer :: If item 27 is marke / or other traumatic		EVA KEESECKER  20a. Method of Disposition  1 Burlal 2 Commetted 3		ce)	Dete		- City or Town, State			
permit. Pegas Department of Important: If its any injury or o		4 □ Donetion 5 □ Other (Spe 21. Signature of Funeral Service Lic		SMI	22. BR		ess of Fecility	ME PO BOX	7 SMITHSE K 821 BURG, WV	
hysician /Medical xaminer		23e. Pert1. Enter the disease, or & shock, or heert failure. List or Immediate Cause (Finel disease or condition resulting in deeth)	ly one cause on ee	JG INTOXI	Do not ente	or the mode of dyl	ng, such es car	diac or respiretory	errest,	Approximete Interval Betwee Onset end Dee
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rending rinystoren: The law requires that the deam centricath, and the attending for: After this certificate hes been signed by the attending for: After this certificate hes been signed by the attending the funeral director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other significant conditions  25. Wes case referred to medical exeminer?  1  Yes 2  No  27. Menner of Deeth  1  Natural 5  Pending investigal 2  Accident 3  Suicide 4  Homicide	Hospitel: 1 \( \times \) In the beat of th	Due to (or each of the state of my knowless of examination of the state of my knowless of examination of the state of my knowless of examination of the state of my knowless of examination of the state of my knowless of examination of the state of the s	es e conseques e conseques e conseques e conseques et con	Junce of):  derlying cause gives a second of the second of	26. Piece of ner: 4 □ Nursin ry et rk? Yes 2100 No	24e. We pel 1 Deeth (Check only g Home 5 Deeth 28d. Describ unknown 28f. Location City or 7 unknown aca, end due to th	yes 2 No seen eutopsy formed?  Yes 2 No y one) sidenca 6 Othe how injury occur  (Street end Numbown, State)	completion of cause of deeth?  1  Yes 2 No  ner (Specify)  red  ber or Rural Route Number,

Registrar

Julia Suidson Randell



WRC 97-4723-015 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. AARON J. State of Maryland / Department of Health and Mental Hygiene 25934 SILVER II. 27,28a-f per MEO G-751 9/19/97 dh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey Month **Physician** Yeer AUGUST 21, 1997 AARON JAMES SILVER 12:50 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner OWENS LANDING MARINA Ceci1 PERRYVILLE | If Under 24 Hrs. | 8. Date of Birth (Month, Dev. Yeer) | March 22, 1971 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** Days 1 MM 2□ F Maryland 220-80-1315 Yrs. 26 Director Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-1 show traumatic event, its Medical Exerciper mast be notified at Md. Ceci1 Kolora 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2021 Kolora Road 21917 USA death Funerai permit. Pages 1 end 2 should be filed within 72 hours effer deat Department of Health end Mental Hygiene, important: If item 27 is marked other than "netural" any injury or other traumatic averages. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 11. Maritel Status 1 Yes 2 No If Yes, Give Year or Dates: 1 DI Never Married 2 ☐ Married 1 Yes 2 No Specify: 2 Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) during most of working Elementery/Secondery (0-12) MACHINE College (1-4or 5+) Warehouseman 8th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) William Sullivan Joann Vyskocil 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) William Sullivan/father 2021 Kolora Road Baltimore Md. 21917 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State SacredHeartofJesus 4 ☐ Donetion 5 ☐ Other (Specify) 8/25/97 Baltimore MD. 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Connelly Funeral Home of Essex 300 Mage Ave. Baltimore MD. 21221 Onset and Death **Physician** /Medical Immediate Cause (Final MULTIPLE INJURIES COMPLICATED BY DROWNING diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner physician end the buriel-transit law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760 Physician/Medicai the Due to (or es e consequence of) ed by the ettending detached for use es Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown COCAINE ABUSE Records, g page 2 should b 24b. Were sutopsy findings evelleble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 2□ No certificate 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) AT Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Nother (Specify) 2 XYes 2□ No this SCENE 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 5 Pending investigation

After death.

funeral Certification:

Division of Vital Hospital or Attendit 24 hours after death. Funerel Director: A To the Hospital or Atta-within 24 hours after de: To the Funeral Directo completely filled in by th

precipitated from bridge
28f. Location (Street and Number or Rural Route Number,
City or Town, State) Owens Landing Marina, 6XX Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Marina Perryville, Maryland 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

XX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier iture and title of certif 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E. AUGUST 22, 1997 ss of person who completed cause of deeth (Item 23e) (Type, Print) A.16076-6

Day Year)

1 Neturel

2 Accident

3 Suicide

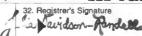
29b. Sign

111 Penn Street, Baltimore, Maryland 21201

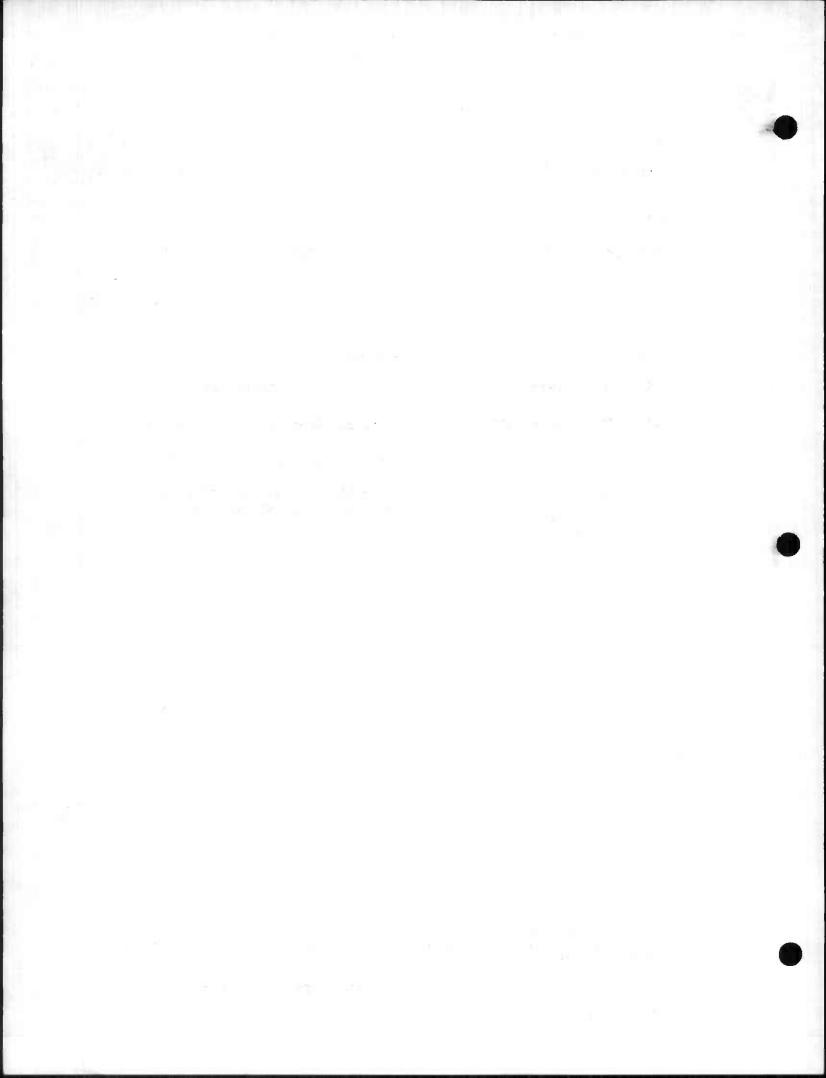
1 ☐ Yes 2)(☐ No

State Registrar

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found: 8/21/97 found: 12:40



State of Maryland / Department of Health and Mental Hygiene Item: 17 per F.H. G-757 3/16/98 reb/gs Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** JEANNE MARGARET TREXLER August 14, 1997 10:15 AM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 108 W. 39th Street #15 Baltimore City
r If Under 24 Hrs. 8. Date of Birth
s Hours Min. (Month, Dey, Yeer) Birthplece (State or Foreign Country) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Deys Months Yrs. Director 70 213-28-1765 Mar. 17, 1927 Maryland Usual Residence of Decadent death with the Marylend 10e, Stete 10c. City, Town or Location "natural", or items 23a or 28a-f show solical Examiner must be notified at 10d. Inside City Limits TY Yes 2 No Director Maryland N/A Baltimore City 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 108 W. 39th Street, #15 21210 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11 Maritel Status Bleck, White, etc. filed within 72 hours efter I ☐ Yes 2X No If Yes, Give 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify 3 X Widowed 4 ☐ Divorced Year or Detes: White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Catholic Archdiocese Elementary/Secondery (0-12) Cotlege (1-4or 5+) Hyglene. Secretary of Baltimore permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If item 27 is marked other any injury or other treumatic event one. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be CULLEN Victor Francis Trexler Ethel 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mr. Paul M. Trexler (Son) 3811 Hazel Court, Abingdon, Maryland 21009 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 N Donetion 5 ☐ Other (Specify) STATE ANATOMY BOARD 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Mitchell-Wiedefeld Home KODERT M. Kratz

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest,

Approximate Interval Batturian State of the Control of t Intervet Between Onset end Deeth Physician Immediate Ceuse (Final disease or condition resulting in deeth) /Medical Due to (or as a consequence of): Examiner Physician/Medical Examiner YYKS RAFAIT LANCER MET sician end buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest Box 68760. physician the Due to (or es e consequence of) 80 use P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yas 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were autopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 1 Yes 2 No certificate 1 Yes 2 No of Vital or Attending Physician: funeral director. 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred Division 1 Neturel 5 Pending efter death. 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours e Hospital 1 Cartifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29e. Certifier Medicai completely (Check only one) within 2 To the the 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) 0 027730 30. Neme end eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

State Registrar

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GARY I. COHEN, M.D., 6565 North Charles Street, Baltimore, Maryland 21212 31. Dete fited (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Dev **Physician** Month Year :05 PM John C. Trikeriotis 23 1997 August /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 14901 Dunstan Lane Monkton Baltimore 5. Sociel Security Number If Under 1 Yeer if Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Hours 1⊠M 2□ F Director Yrs 217-60-0500 01/30/ 1930 Greece Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or liems 23s or 28s-f show the Medical Examiner must be notified at the Maryla 1 ☐ Yes 2√ No Director MD Baltimore Monkton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 14901 Dunstan Lane 21111 Australia Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 54 12 Master Tailor Self-employed permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If fleen 27 is marked other any Injury or other traumatic event, social. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Christos Trikeriotis 2 Vasilia Trikeriotis 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Beverley A. Trikeriotis (wife) 14901 Dunstan Lane, Monkton, MD. 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State Greek Orthodox Cemetery 8/27/97 Woodlawn, MD 21. Signature of Funeral Service License Denness C. Carroll22. Name end Address of Fecility
Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, MD. 21204 ler the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, heert feilure. List only one cause on each line. Approximete intervel Between Onset and Deeth Physician Medical 1 year immediate Cause (Final Ling Canan Examiner Due to (or es e consequence of) Examiner iclan and burial-transit Sequentielly ilst conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): physiclan s the burial Box 68760 Physician/Medical Due to (or es e consequence of): attending signed by the at the detached for P.O. Pert It. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the causs of desth? Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24a. Wes en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 2 No 1 ☐ Yes 2 No 1 Yes 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Residence 6 Other (Specify) Hospital: 10 1 ☐ Yes No 1 Inpatient 2 ER/Outpatienf 3 DOA funeral 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28c. Injury et Work? Aftar Neturel 5 Pending 1 ☐ Yes 2 No death. Investigation 2 Accident I or Attend after death Director: 6 Could not be determined 3 ☐ SuicIde 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours a Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. edicai 29e. Certifier (Check only one) To the To the To the F 29b. Signeture end fitle of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D34521 mark Lamos 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)

MARK LAMOS ND 9 5 (Lilling) mo 21131

State Registrar

31. Dete filed (Month, Dey, Yeer)
AUG 2 6 1997

32. Registrar's Signeture

DHMH 16 Ray 6/95



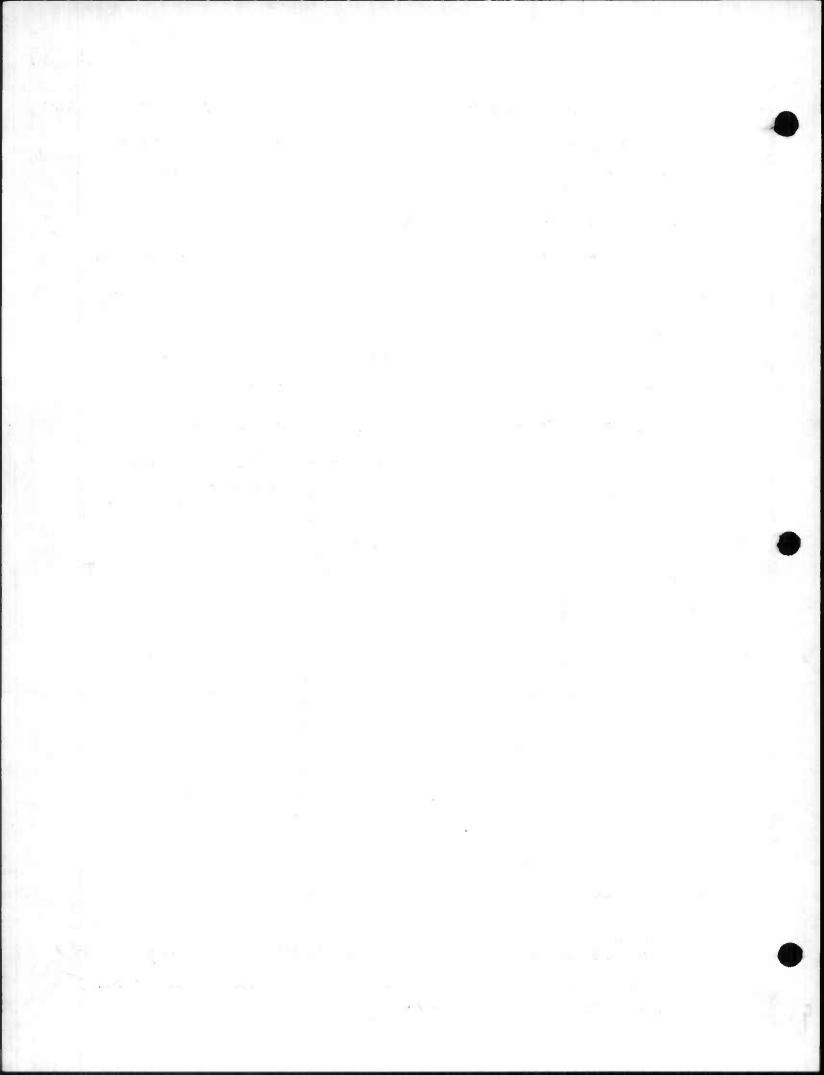
State of Maryland / Department of Health and Mental Hygiene

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ame (First, Middle, CE N.M.	Last)							2. Date of D	Reg. No.		1
CE N.M.										V-	3. Time of Death
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	give street end nun	n <i>ber</i> )				4b. City, To	own, or L	ocation of Dea		nty of Death	1
NURSING H	HOME					COLUM	BIA		НС	WARD	
	6. Sex	7. Age (in yrs. i	lest birthday)		r 1 Yaar	If Undar	24 Hrs.	8. Data of Bi (Month, D	irth	9. Birth	nplace (Steta or Foreign
3864 of Decedent	1□M 21XF	68	Yrs.	Months	Days	Hours	Min.	JULY 1	4, 1929	Col	YLAND
10b. County		10c. City	y, Town or Lo	ocation							10d. Insida City Limits
BALTIN	<b>MORE</b>		BAT.	CIMOR	E						1 ☐ Yes 2√ No
Number	1011			10f. Zip					10g. Citizen	of What Cou	untry?
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s	12. Was Deca	dent Evar In U,	S. 13.				igin? (Sp	ecify Yes or N Rican, atc.)	o- 14. F	lace - Amar	Ican Indian,
arried 21 Married	Armed For d 1 ☐ Yes If Yes, Give Yaar or Da	2 💢 No		lf Yes, spe 1□ Yes				Rican, atc.)		llack, White city: WH	
15. Decedent's pecify only highest	Education		16a. Dece	dent's Usua	al Occu	pation			16b. Kind o	Business/i	ndustry
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e (First, Middle, La	ast)					18. Mothe	er's Nam	e (First, Middle	, Meiden Sum	eme)	
UJAWA						ELI	ZABE	ETH GOD	ZIK		
Neme/Relationship	p (Type, Print)		19b. Mailie	ng Address	s (Stree	t end Numb	er or Ru	al Route Numb	ber, City or To	vn, State, Z	ip Code)
VENDEMIA	HUSBAND		1557 1	ANCE	ORD	ROAD	ВАТ.	IMORE,	MD 2120	7	
Disposition		20b. P	lace of Dispo	sition (Nar	me of		DELL	Date	20c. Location		Town, State
2 ☐ Cramation 3 n 5 ☐ Other (Spa	Removal from S	state	emetery, crer				1	106107			
Funeral Service Lic		LOU	JDON PA			LERY ess of Facili		3/26/97	BALTIN	ORE,	MD
- A		20	-	LOUD	ON I	PARK F	UNEF	RAL HOM	E		
Cherry.	& Or	Mus	0	3620	WII	LKENS	AVEN	NUE BAL	TIMORE	MD 2	1229
r the disease, for co eart fellure. List or	omplications that ce nly one cause on ea	oused tha death ach line.	n. Do not ent	ar tha mod	de of dy	ing, such as	cardiac	or respiratory a	arrest,		Approximate Interval Between
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conditions.	b	Due to (or	as a consec	uence of):							10
conditions, immadiate iderlyIng or Injury											
nts	C	Due to (or	as a conseq	uence of):							
n) Last	<b>d</b>										
nificant conditions	contributing to dea	ath but not resu	Ilting In the u	nderlying c	euse gi	ven in Part I	l.	23b. Did	tobacco use	contribute	to the cause of death?
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and best	metre	pues	Course	00	ne	-					
									an autopsy ormed?	81	Vere autopsy findings vallable prior to
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erred to medical						26. Place	of Deet	h (Check only	one)		
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eth	28a. Date of	Injury,	28b. Time of		8c. Inju Wo			28d. Describe			
5 Pending investigat		, Day Year)	Injury	М		rk? ]Yes 2□	No				
6 Could not	be 28e. Place of	of Injury - At hor	me, farm, str	eet, factory	, office			28f. Location	Street and Nu	mber or Rui	ral Route Number.
e determine	buildin	g, etc. (Specify,	)	,					wn, State)		
15 Cartifying	Physician: To the h	net of my know	deden deeth	coourrad	at the ti	me dete en	d place	and due to the			atata d
2  Medical Ex	aminer: On the bas	sis of axaminati	ion and/or inv	estigation,	in my	me, dete an opinion, dea	th occurr	ed at the time,	date and plac	e, and due	to the cause(s)
nd titla of certifier	and matthe	stated.		290	. Licens	se number			29d. Data sin	ned (Month	Day, Year)
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nth, Dey, Year)	32. Rg	oistrar's Signat	ure								
0	2   Medical Ex	2   Medical Examiner: On the base and manner of titla of certifier  A compared to the completed ceuse of perametric completed ceuse of the ceuse of the ceu	2   Medical Examiner: On the basis of axaminat and manner stated.  In title of certifier  A completed ceuse of death (Item CHENG 2 ICN DL)	2   Medical Examiner: On the basis of axamination and/or invand manner stated.  It titls of certifier  A completed ceuse of death (Item 23e) (Type, CHENG 2 KNOW WA.	2   Medical Examiner: On the basis of axamination and/or investigation and manner stated.    description	2   Medical Examiner: On the basis of axamination and/or investigation, in my of and manner stated.  29c. Licensistance of perannyho completed ceuse of death (Item 23e) (Type, Print)  CHENG 2 (CNUU NAR TH	2   Medical Examiner: On the basis of axamination and/or investigation, in my opinion, dea and manner stated.  29c. License number  29c. License number  377777  dress of perannyho completed ceuse of death (Item 23e) (Type, Print)  CHENG  2 (CNUM NAR TH PF.	2   Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurrent and manner stated.  29c. License number  29c. License number  337777  dress of perannyho completed ceuse of death (Item 23e) (Type, Print)  CHENG 2   KNOW WAR TH PK. CA	2   Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, and manner stated.    29c. License number   3 3 7 7 7 7	2   Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place and manner stated.  29c. License number 29d. Data significant process of perannyho completed ceuse of death (Item 23e) (Type, Print)  CHENG 2 (CNUU NAR TH PY. Critica Significant processing and place and place and place and manner stated.	de titla of certifier  29c. License number  29d. Data signed (Month)  29d. Data signed (Month)  29d. Data signed (Month)  25d.  29d. Data signed (Month)  21d.  29d. Data signed (Month)  21d.  29d. Data signed (Month)  29d. Data signed (Month)  29d. Data signed (Month)  29d. Data signed (Month)  29d. Data signed (Month)  29d. Data signed (Month)

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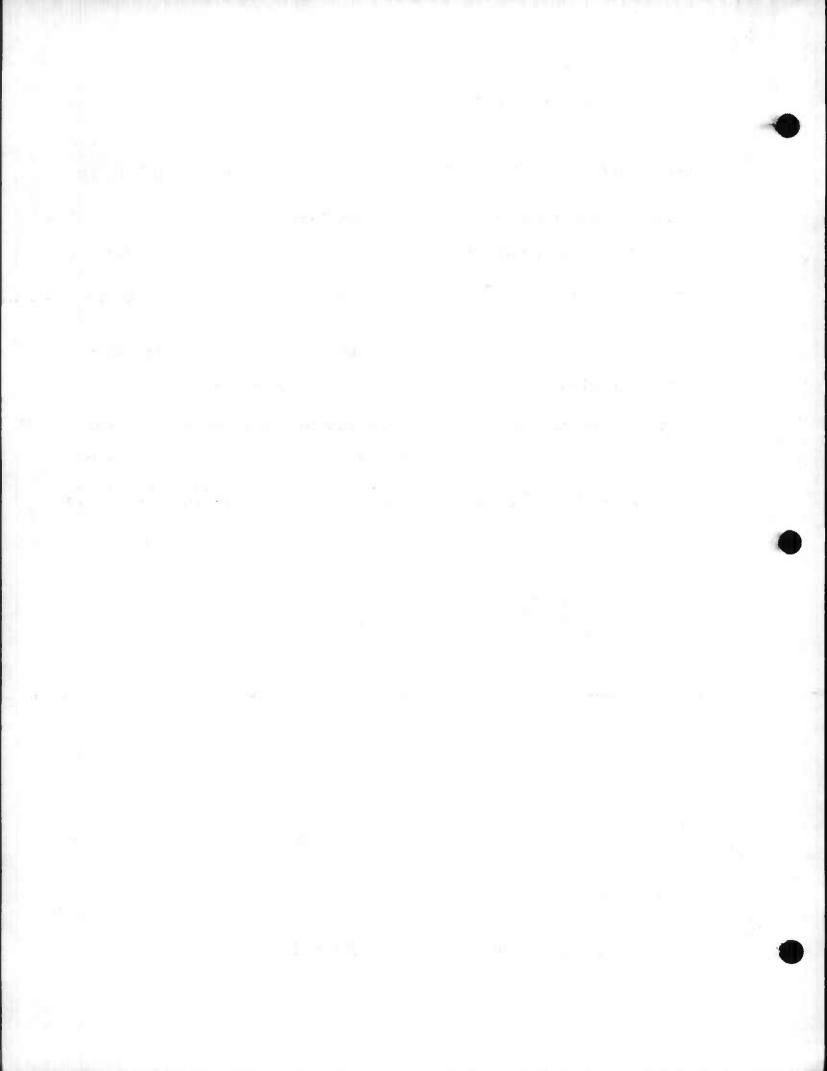
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Year **Physician** Wilver Lucille AUGUST 23 4:39 pm 1997 /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death GLEN BURNIE ATHE ARUNDEL ARUNDEL NORTH HOSPITAL If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) 8. Date of Birth (Month, Day, Year) 1 M 2KDE 242-32-3689 92 Yrs Oct.30,1904 SC Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes XXNo Director Anne Arundel Severna PArk 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21146 216 Baltimore Annapolis Blvd. USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Bleck, Whita, atc. 1 Navar Married 2 Married ☐Yas XXVo 1 Yas TONO If Yas, Giva Yaar or Datas: Specify: Specify: Black P Widowed 4 ☐ Divorcad 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decadant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 6th Home Maker Domestic 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Jack Holiday Nancy Bradford P 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 end 2 Department of Health a Important: If Item 27 Is eny injury or other trai Bertelle Murphy/daughter 216 Baltimore Annapolis Blvd Balto, MD21146 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata XXBurial 2 ☐ Crametion 3 ☐ Ramoval from State Elkridge, MD 4 ☐ Donation 5 ☐ Othar (Specify) 8.29 Meadow Ridge a of Funeral Sarvice Licensas 22. Neme end Addrass of Facility James A. Morton & Sons FUneral Home 1701 Laurens St. BAlto., MD 23a. Part1. Lifter the disaasa, or complications that causad the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock. The art failure. List only one cause on each line. Approximete Interval Batween Onsat and Deeth **Physician** /Medical Immedieta Causa (Final disease or condition rasulting in deeth) ACUTE RESPIRATORY FAILURE Examiner Dua to (or as a consequence of): Examiner CONGESTIVE HEARS FAI LURE Sequantially list conditions, if any, laeding to immadiate causa. Entar Undarlying Causa (Diseesa or Injury that initiated avents resulting in daath) Last Dua to (or as a consequence of): PANCICEATITIS AZUTE Physician/Medical Dua to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown þ leted 24b. Wara autopsy findings available prior to complation of causa of daath? 24a. Wes an autopsy performed? Compl 2 No 1 TYas 2 TNo 1 ☐ Yas 25. Was case refarred to medical axaminar? Be 26. Pleca of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No 10 1 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 29a. Cartifiar 1 🖫 Certifying Physician: To tha best of my knowledge, daath occurred at tha time, dete end place, and dua to tha causa(s) and menner as stated. Medical (Check only one) 2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end manner stated. 29b. Signetura end tiple of certified 29c. License number 29d. Deta signed (Month, Day, Year) MD dyaman 30. Name and eddrass of person who complated cause of death (Item 23e) (Type, Print) AKYEA-DANKON, NORTH ARUNDER HOSPITAL BOI HOSPITAL DRIVE GLENBURNIE 32 Modiator's Signature of

State Registrar



97-4767-005

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

29d. Date signed (Month, Dey, Year)

AUGUST 25, 1997

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5	Exami	ner	4e. Fecility Name	(If not institutio	n, give	street end n	umber)					4b. City, Town, or	Location of D	eetn	4c. County	of Death	
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	or 28a-f	irec	10e. Street end N					10f. Zip Code						10	g. Citizen of	Whet Country?	
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State Registrar

29b. Signeture end titla of certifier

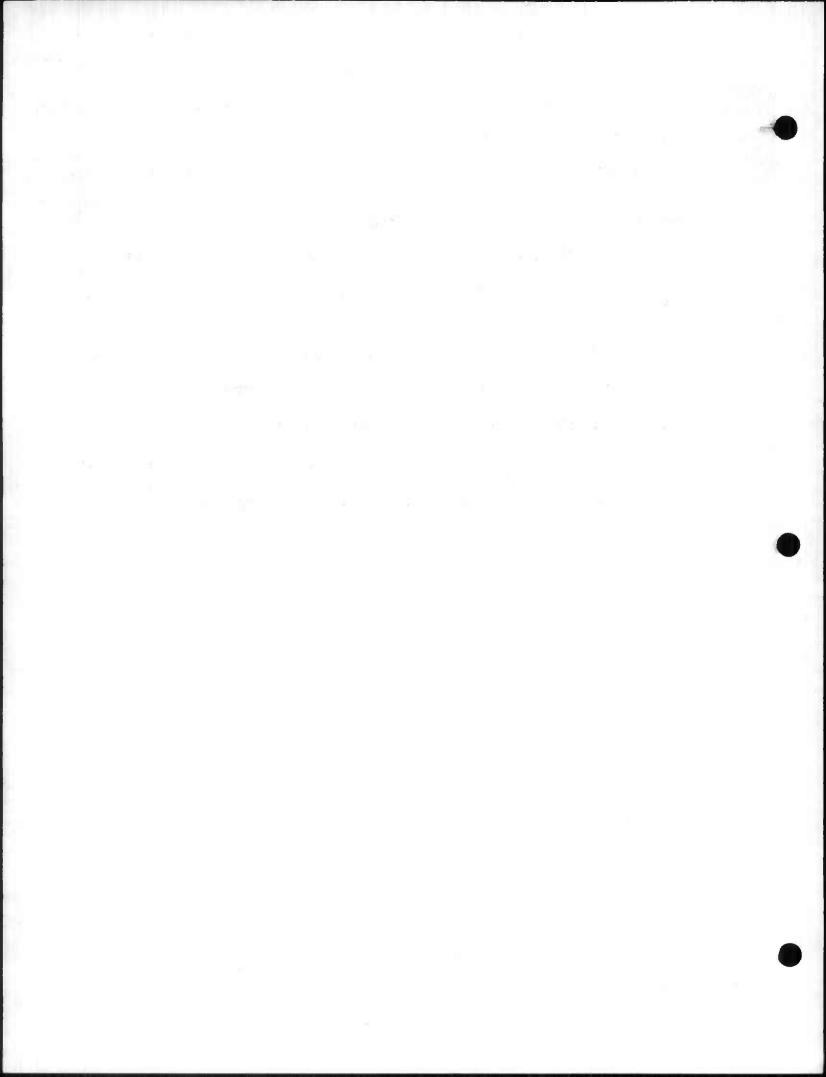
30. Neme end address of person who completed ceuse of death (frem 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

29c. License number

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			State of M	arylan		partment ertificate			ind M		giene 9 Reg. No.	1 2	5.5	40
Observat at		1. Decedent's Name (First, Middle, Las	t)						6	2. Dete of Dee	eth Day	Yeer	3. Tin	ne of Deeth
Physici /Medic		SYLV	IA		WAL	PERT				AUGUST				22 pm
Examir		4e. Fecility Neme (If not institution, give 6601 WESTERN RUN		215)	139			B	ALTI	cation of Deeth				
Funeral Director		5. Social Security Number 219–80–4699 11  Usual Residence of Decedent	ex 7. Ag □ M 2☐F	e (In yrs. I 87	ast birthda Yrs.	y) If Under Months	1 Year Deys	if Under 2 Hours	Min.	8. Date of Birt (Month, Da OCT • 2	25,1909	Cour	olace (St otry) RYLA	ete or Foreig
Maryland H show	tor	10a. State 10b. County  MARYLAND N/A	10c. City	, Town or	Town or Location  BALTIMORE					10d. Inside City Lin 1 🖫 Yes 2 🗆				
with the	I Director	10e. Street end Number 6601 WESTERN RUN	DRIVE			10f. Zip		10g. Citizen of W			Whet Cour	ntry?		
eath	era	11. Maritel Stetus	12. Was Decedent	cedent Ever In U,S.   13. Wes Decedent of Hispenic Origin If Yes, specify Cuben, Mexican, I					nin? (Spe	city Yes or No		OA e - Americ	an Indie	n.
s 1 end 2 should be filed within 72 hours effer death with the Manyland Health end Mental hygiene. tem 27 is marked other than "naturel", or items 23s or 28s-f show tem 27 is marked other than "naturel", or items 23s or 28s-f show other treumstic event, I'm Medical Examinet must be notified at	by Funeral	1 Never Married 2 Married  3 ☑ Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	No.		If Yes, spec 1 ☐ Yes 2			, Puerto 1	Rican, etc.)  Black, White, etc.  Specify: WHITE				
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end l		19a. Informent's Name/Reletionship (7	ype, Print)		19b. Ma	iling Address	(Street	end Numbe	r or Rura	l Route Numbe	er, City or Town,	State, Zip	Code)	
Health om 27 in		MRS. SUSAN HASS	(DAUG.)		3 S.	ANDALW	DOD	RD.	ACTO	N, MA C	)1720			
0 0		20e. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		CE	emetery, c	position (Name rematory or of	her pla		RK -	Dete 8-24-1	20c. Location - 997 RANI			
permit. Peg Department Important: if eny injury o		21. Signature of Funeral Service Licens	Leve	ne	5	22. Name and 8900 R	S	Or rea	/INS		OS., INC		21208	8
Physician /Medical Examiner		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of Immediate Cause (Final disease or condition resulting in death)	lications that caused one cause on each line.	ent	zius			ng, such es		r respiretory a	rrest,	and the party day of the same of	Onset	Imete I Between and Deeth
and I-transit	Examiner	Sequentielly list conditions, if any, leading to Immediate	b	Due to (or	es e cons	equence of):								
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refeath.  coeth.  coetific  by the funeral director.	Certification:	27. Manner of Deeth  1 Natural 5 Pending  2 Accident Investigation	28e. Date of Inju (Month, Da		28b. Time Injur	М	28c. Injury et Work? 1 Yes 2 No							
200	Certif	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)								28f. Location (S City or Tox	Street end Numb vn, State)	er or Aun	HOU!	wumber,
(no. fr. fr. fr. fr. fr. fr. fr. fr. fr. fr	edical		sicien: To the best of ner: On the basis of end manner sta	examinati										use(s)
the state of	Me	29b. Signeture end title of certifier	4 11	0		17.5		se number	4		29d. Date signed		Day, Ye	
00		30. Name end eddress of person who c	ompleted cause of d	eath (Item	23a) (Typ			ALLA		LLE	21208			

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25941 9/9/97 dh 8/26/97 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** WICKS IRIS AUGUST 18,1997 9:05 a /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 7. Age (In yrs. last birthday) If Under 1 Year Months Davs If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 04-13-77 5. Social Security Number Birthpiace (State or Foreign Country) **Funeral** 1□ M 2X F Vre Director 220-02-2479 MD. Usual Rasidence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Nes 2 No Director Md NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 "natural", or items 23a 605 Radnor Avenue 21212 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. filed within 72 hours after Hygiene. Never Married 2 ☐ Married 1 ☐ Yes 2 XNo if Yes, Give if Yes, Give Year or Dates: Specify: by 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Dacedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Grade Disabled Unemployed other permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is merked other any Injury or other traumarin access 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be WiCks III Margaret Brown Andrew Glenford 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 21215 19a. Informant's Name/Relationship (Type, Print) Wicks III 605 Radnor Avenue Baltimore, Maryland 21212 Andrew G. 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Md. 1 Burial 2 □ Cremation 3 □ Removal from State Garrison Forest VA Cem. 08-22-97 Owings Mills 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lic 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediata Cause (Final METABOLIC & HOURS disease or condition resulting in death) Examiner Dua to (or as a consequence of): Examiner INFECTION 36 HOURS physician end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): 3 YEARS CRANIOPHARYNGIOMA Physician/Medical Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evellable prior to completion of cause of daeth? Completed 24a. Was en eutopsy performed? page 2 s certificate 20 No 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, f. 25. Was case rafarred to medical Be 28. Place of Death (Check only ona) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 ☐ Yes X No 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Numbar, City or Town, Stata) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homleida 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Modical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a. Cartifiar (Check only 29b. Signeture and title of cartifier

Records, Division of Vital

Baltimore, Maryland 21215-0020

Box 68760.

P.O. 1

30. Neme and address of person who complated cause of death (Itam 23a) (Type, Print)

29c. License number P09447 29d. Date signed (Month, Day, Year)

AUGUST 18, 1997

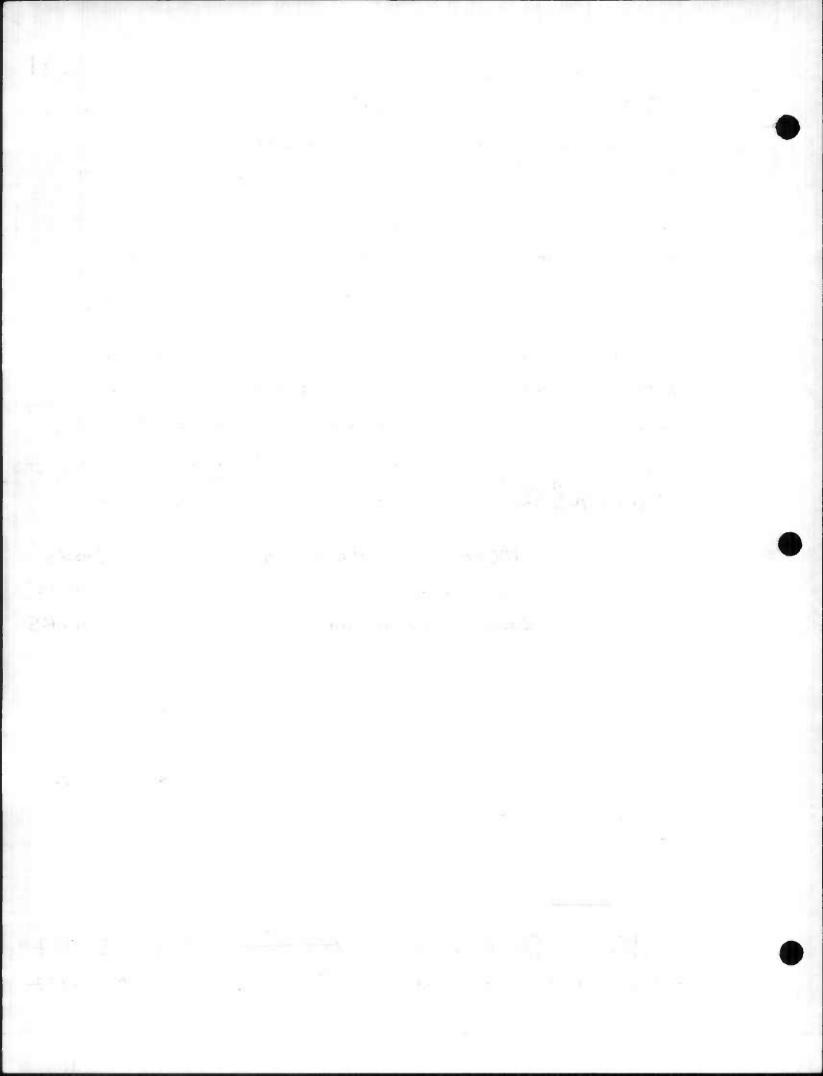
BALTIMORE, MD 21287

GOON. WOLFEST · TOWER 110 : KATHERINE DUNLEAVY

31. Date filed (Month, Day, Year) AUG 2 6 1997

32. Registrar's Signature

State Registrar

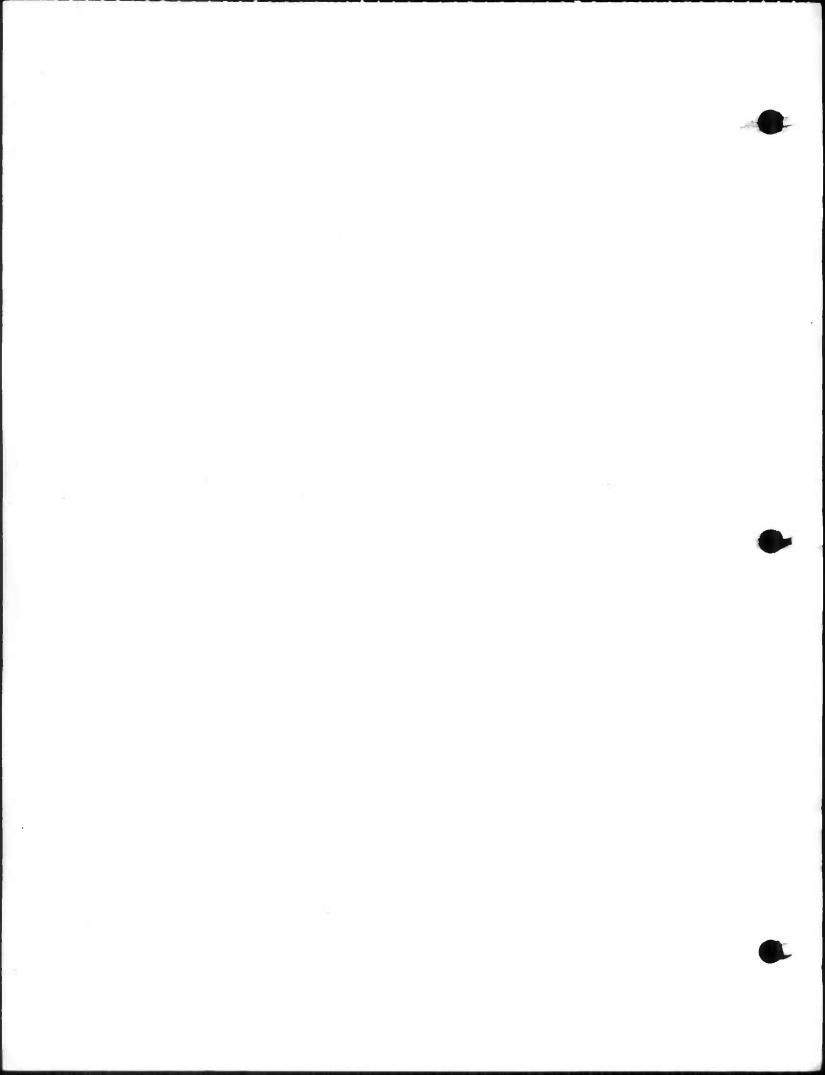


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ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended at note. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF I	EALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D	EATH	3. TIME OF DEATH	
	George Yagl	e				A44U		YEAR 240 DW	
1			yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	RTH 8	3. BIRTHPLACE (State or Foreign	
1	213-09-0577	M 2 □ F 84	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	30,1912	Country)	
- 3	9a. FACILITY NAME (If not institution, give street	t and number)		9b, CITY, TOWN	OR LOCATION OF D			Maryland Y OF DEATH	
æ	Copper Ridge Nu	ccina Home			esville			Carroll	
5	Copper Ridge Nur	.SING HOME		- Dy F	COVILIC			Jai i Jai	
R	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
□		timore		Reist	erstown			1 TYES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER			10	ZIP CODE		3360	EN OF WHAT COUNTRY?	
ÿ.		Farm Road			21136			.S.A.	
5	11. MARITAL STATUS  1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U	.S. ARMED 2 NO		ENDENT OF HISPA			4. RACE — American Indian, Black, White, atc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S		2 NO Specif			Specify: White	
	15. OECEDENT'S EDUCAT	ION 1	A DECEDENT'S	USUAL OCCUPATI	NA .	165 PINE	OF BUSINESS/INDU		
	(Specify only highest grade con	npleted)		work done during me		IOU. KIIVE	OF BOSINESS/INDO	, IN	
7	2	College (1-4 or 5+) Years	Cl	erk			Post 0	ffice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Middle	Malden Surname)		
Ö	Henry N. Yage	1			Sarah		el Lyter		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, Ci	ty or Town, State, Zip C	ode)	
2	Carol Z. Moon / I	Daughter	1019		ill Farm		Reisterst		
	20a. METHOD OF DISPOSITION	20b, PI	ACE AND DATE	OF DISPOSITION (N	me of	DATE	20c. LOCATION CH	ly or Town, Stata	
	1 Surial 2 □ Cremation 3 □ Ramova 4 □ Donation S □ Other (Specify)	Du.	ry, crematory or of Laney V	alley Me	m. Garde	ns 8/2	5/97 Ba	ltimore, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE 3	/		D ADDRESS OF FA				
	De 111/2 11/-	Horel			C. Mill	-		e, MD 21206	
	23. PART I. Enter the diseases, or com	aplications that caused the	ha death. Do n	not enter the mo	da of dving. suc	h as cardiac	Baltimor		
	ahock, or haart fallure. Lis	t Dnly one cause Dn escl	h Ilna.				,	Interval Between Onset and Death	
	disease or condition Ye								
ŀ	resulting in death) a	DUE TO (OR AS A CO		F):				100 1201	
z									
9	Sequantially list conditiona, if sny, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	F):					
2	CAUSE, Entar UNDERLYING CAUSE (Disease Dr injury								
H	thet initieted evanta resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF	F):					
CERTIFICATION	d								
	PART II. Other algnificant conditions of	ontributing to death but	not reaulting i	In the undarlyin	g causa given in	Part I. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL	Diabetes Me	liter Tape:					PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
	Mulhi - Taken	et Denets	1			'	YES 2 NO	OF DEATH?	
	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YE	S II NO I	UNCERTAI	ΝП		TES ZENO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)	OTTOLKSAI				
Sic		OSPtTAL:  Inpetiant 2 - ER/Outpatic	ent 3 DOA	OTHER:	e 5 🗆 Raaldenca	8 Other (See	clfv)		
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT		E HOW INJURY OCCU	RED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(MORITI, Day, Year)	INJ		RK? (ES 2 NO				
	2 Culaide 1 286 PLACE OF INJURY — At home form street fectors office								
COMPLETED	4 Homicide determined					City of Ion	n, State)		
2	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of my knowled	ge, death occurre	ed at the time, date	and place, and dua	to the cause(a)	and manner as stated		
MO	2 MEDICAL EXAMINER: On the beals of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
	29b, SIGNATURE AND THE OF CONTIFIER				29c. LICENSE NUI	MBER	29d, DATE S	SIGNED (Month, Day, Year)	
BE	1101 0	11)			D231	84	1 Ac	nust 22 1997	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	I (ITEM 27) (Type,	Print)	0 000			1-11	
	Junathan Kishn.	e 114B	NSINOSS	(ente	- Drive	Real	estem 1	10 21176	
V	31. DATE FILED (Month, Day, Year)	320 REGISTERAR'S SIGNATU		13.11		<u> </u>	(	11. 0.11.3.0	
	AUG 2 6 1997	guna Havidson	Market						

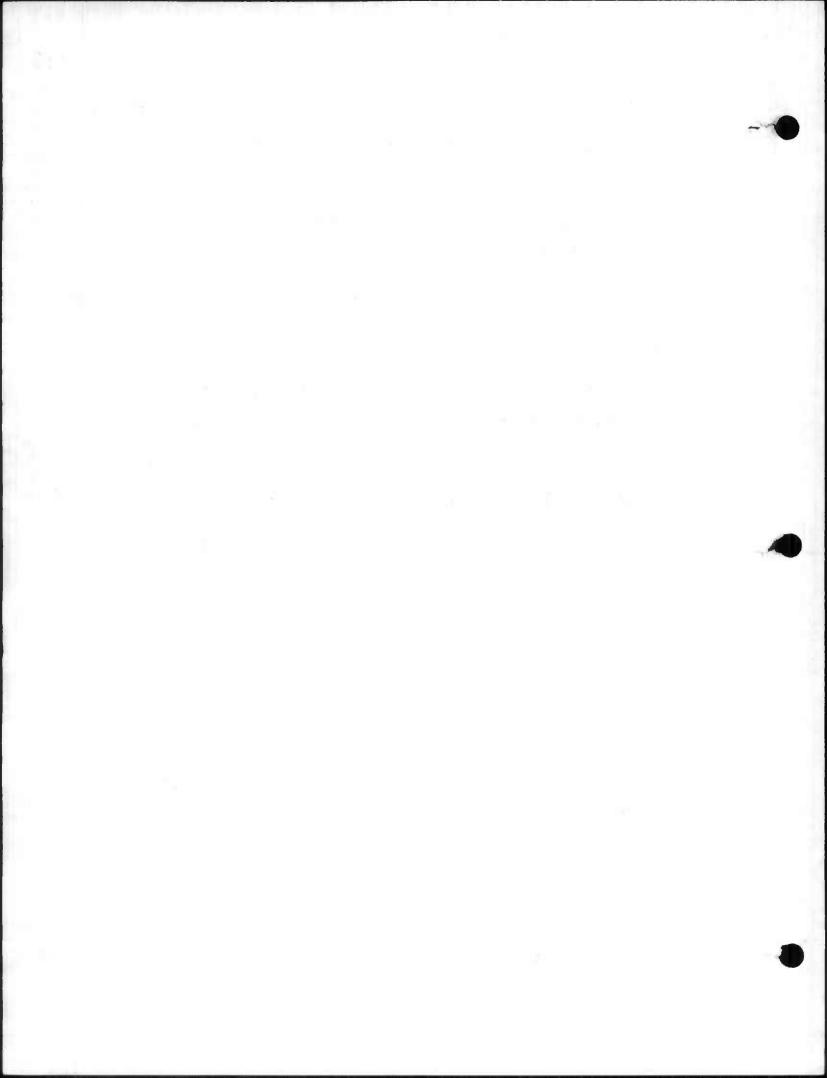


State of Maryland / Department of Health and Mental Hygiene

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					Certi	ficate of	Death		Reg. No.		30310
Dhyalai		1. Decedant's Name (First, Middla,	Last)					2. Date of D		Year	3. Time f = th
Physicia /Medic		JOSEPH			F	BARBER		AUGU	ST 24,	1997	12:01 A.N
⇒ Examin		4a. Facility Name (If not institution, g	rive street and number,	)	-		4b. City, Town, or	Location of Dear	th 4c. Count	ty of Death	100
		3505 GWYN	NS FALLS	PARE	KWAY		BALTIM	IORE		na	
Funeral		5. Social Security Number 6		ge (In yrs. last b		If Under 1 Yaar Months Days	If Undar 24 Hr		irth	9. Birthp	place (Stata or Foreign
Director		218-86-1816	1 <b>√2 ½</b> 2□ F	31	Yrs.	nontria Days	TIOUIS WIII	7-8-	1966	Court	Md Md
,		Usual Residence of Decedent									
show	<u>.</u>	10a. State 10b. County		10c. City, Tov			0 D D			1	0d. Inside City Limit
Tige of	cto	MD n	a		1	BALTIMO	ORE				1X Yas 2 No
2 0 2	Funeral Director	10e. Street and Number	1 - Devetors			10f. Zip Code			10g. Citizen of	What Cour	ntry?
238	a	3205 Gwynns Fal	is Parkway	/		2121	Lb		UNITE	D S	<b>TATES</b>
rthan "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at	Jue	11. Marital Status	12. Was Decedent Armed Forces		13. Wa	s Dacedent of H	lispanic Orlgin? ( an, Mexican, Pua	Specify Yes or N		ace - Americ	
P d	F	1 Nevar Married 2 Married				Yes XXNo	Specify:	,,	Speci		LACK
E E	d b	3 Widowed 4 Divorced	Year or Dates:			YAM	ороспу.		Speci	iy. D1	LACK
dea	Completed	15. Decedent's (Specify only highest of	Education grada completed)	168	. Deceder	it's Usual Occup	pation during most of we	orkina	16b. Kind of 8	3usiness/Inc	dustry
3	du	Elementary/Secondary (0-12)	College (1-4or		life. DO	NOT use retired	d)				
	CO	11th grade	N/A	l N	'A				N/A		
event,	Be	17. Father's Name (First, Middle, La	st)			,	18. Mother's Na	ame (First, Middle	e, Maiden Suma	me)	
	၉	Roy Barber					Emma I	Ledbette	r		
m =		19a. Informent's Name/Relationship		19			and Number or F			n, State, Zip	
NE		Emma Singletary-	nother				n Avenue	Baltim	ore, Md		21216
		20a. Method of Disposition 1√D Burial 2 ☐ Cremation 3	□ Bomouni from State	20b. Place of cemete	of Dispositi ary, cramat	on (Neme of ony or other place	ca)	Data	20c. Location	- City or To	wn, State
any Injury or		4 Donation 5 Other (Spec		7.		rial Pa		8-28-97	Randa1	Istown	n, Md
E 8		21. Signature of Funeral Servica Lic	ensee	~		ame and Addre					
any Ir		1 (Manual	00) (10	-0/D)	M	ARCH F	H4300	) WABA	SH AV	ENUE	BALTO M
		23a. Part1. Entar the diseasa, or co	mplications that cause	d the death. Do	not enter t	he mode of dvir	ng, such as cardia	ac or respiretory e	arrest		Approximate
lclan		shock, or heart failure. List on	y one cause on each I	lne.		,				-	Interval Between Onset and Deeth
dical		Immediate Cause (Final		Sand	4 (	-11	nur of	11.			2
Iner		disease or condition resulting in deeth)	a				nus of	-07	)		orgens
	je.			Due to (or as a	conseque	nce of):					
ansit	Examine	Sequentially list conditions	b	Due to (or as a	CORSOCIIA	nce of):				- 1	
riel-tr		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		200 10 (01 40 4	oonsoquo	1100 017.					
nd e	Medicai	that initieted events	C	Dua to (or as a	consequer	nce of):					
oing prysician and se as the burial-transit	P	rasulting In death) Last									
			d								
d for u	Physiciar	Part II. Other significant conditions	contributing to death h	out not resulting	In the unde	rhilag cauco giv	on in Part I	22h Did	tohenno use o	ontelbute to	the cause of death
detached	hys	Tarrii. Other alginiteant conditions	contributing to death b	out not rasulting	in the unus	mying cause giv	enin ran i.			1	
60	by P								Yes 2□ No	3410	pably 4 ☐ Unknow
، م								24a. Was	s an autopsy	24b. W(	ere autopsy findings
should	Completed							perf	ormed?	ava	ailable prior to mpletion of cause
79e 2	합								/		death?
rector, page								10	Yes 2 No	10	Yes 2 No
director,	Be	25. Was case referred to medical examiner?	Hospitei:			Oth		eath (Check only	one)		
0	2	1 Yes 2 No	1 LI Inpatie			3□ DOA Oth	4 Li Nursing	Home 5 Res			y)
eun .	Certification:	27. Manner of Deeth  1 Neturel 5 □ Pending	28a. Dete of Inju (Month, Da		Time of Injury	28c. Injur		28d. Describe	how Injury occu	rred	
the	cat	2 Accident investigeti 3 Sulcide 6 Could not				M 1	Yes 2 □ No				
In by the	=	4 Homicide determine	d 286. Piece of inj	ury - At homa, fa c. <i>(Specify)</i>	arm, street	, factory, office			(Street and Num wn, Stete)	iber or Rura	I Route Number,
taly filler	edical	Check only 2   Medical Exe	hyaiclan: To the bast minar: On the basis of	of my knowledge	e, death oc	curred at the tin	me, data and plac	e, and due to the	cause(s) and m	nannar as st	ated.
teldmoc		Uney	and manner st	ated.					dato aria piaco	, one doo to	
00	Σ	29b. Signature and title of certifier				29c. Licans			29d. Date sign		
2		AN WIL	$\sim$			Do	40854		A	3/4) ?	25, 1447
h		30. Name and address of person who	completed cause of c	leeth (Item 23a)	(Type, Pri	nt)					,
		DR. DAVID RIS	SEBERG	301 ST	. PAUL	PL. #	407T	BALTO	MD. 2	1202	
State	e	31. Date filed (Month, Day, Year)	32. Registr	ar's Signature							
egistra	r	AUG 27 1997	- a Tavid	son-Rando	100						



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	N/A  N/A  12 Wes Decedent E-Armed Forces? 1 □ Yes 2 ☑ Note Yeer or Dates:  ducation ede completed)  College (1-4or 5+	enter (In yrs. lest bin 79  10c. City, Town (ver in U,S. o)  16a.  19b. 62	Month  Tyrs. Month	more Zip Code 212 cedent of F pecity Cubic 2 No suel Occup work done T use retired er ess (Street	Hours Min.  2.06  Hispanic Origin? (Sen, Mexican, Puert Specify:  Dation during most of word)	2. Dete of De Month Augustocation of Deetl  8. Date of Bir (Month, De Aug. 1  pecity Yes or No o Rican, etc.)  king  ne (First, Middle, an Eder reel Route Number)	Day 25, 16 4c. County Balti th, Year) 1, 1918  10g. Citizen of V U 14. Rac Blec Specify 16b. Kind of Bu Own Maiden Sumem	of Deeth  Imore  9. Birthple Countr Mar  10  Whet Countr S. A.  10  White, e.  White, e.  White, e.  White, e.  White, e.	ryland  d. Inside City Limite  1X0 Yes 2 □ No  ry?  in Indien, tc.
Franklin Square  Social Security Number  212-07-0171  Suel Residence of Decedent  Da. Stete 10b. County  Maryland  De. Street end Number  4759 Elison Avenua  1. Maritel Stetus  1 Never Married 2 Merried  3 X Widowed 4 Divorced  15. Decadent's E (Specify only highest grave)  Elementary/Secondery (0-12)  Bth Grade  7. Fether's Neme (First, Middle, Lest  Francis Doherty  9e. Informent's Name/Reletionship (Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  1 X Buriel 2 Cremetion 3 Charles Anderson  Da. Method of Disposition  Da. Method of Disposition  Da. Method of Disposition  D	N/A  12. Wes Decedent Ender Armed Forces? 1 Yes 2 Note Yeer or Dates:  ducation ede completed) College (1-4or 5+	enter (In yrs. lest bin 79  10c. City, Town (ver in U,S. o)  16a.  19b. 62  20b. Place of cemeter	Inday)  If Universe the Address of t	more Zip Code 212 cedent of F pecity Cubic 2 No suel Occup work done T use retired er ess (Street	Rosedale If Under 24 Hrs Hours Min.  206 dispanic Origin? (Sen, Mexican, Puert Specify: Dation during most of word)  18. Mother's Nar Lilli end Number or Ru	Augustocation of Deeth  8. Date of Bir (Month, De Aug. 1  pecity Yes or No o Rican, etc.)  kling  ne (First, Middle, an Eder Number Route Number N	25, 10  4c. County  Balti th Year) 1, 1918  10g. Citizen of W  U.  14. Rac Blec Specify  16b. Kind of Bu  Own  Maiden Sumem	of Deeth imore 9. Birthple Countr Mar  10  Whet Countr S. A. 10  White, e' White, e' White, e' White, e' White, e' White, e'	ace (State or Foreigny)  ryland  id. Inside City Limits  12 Yes 2 No
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Social Security Number  212-07-0171  suel Residence of Decedent  Da. Stete  10b. County  Maryland  De. Street end Number  4759 Elison Avenument  Maritel Stetus  1 Never Married 2 Merried  3 Merried  15. Decadent's Elementary/Secondery (0-12)  Bth Grade  7. Fether's Neme (First, Middle, Lest  Francis Doherty  9e. Informent's Name/Reletionship (Charles Anderson  Da. Method of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition	N/A  12 Wes Decedent Endrmed Forces?  1  Yes, Give Yeer or Dates:    College (1-4or 5+)   Con     College (1-8or 5)     Con	79  10c. City, Town  10	Month  Tyrs. Month	more Zip Code 212 cedent of February Cubis 2 No suel Occupwork done r use retired er ess (Street	Hours Ain.  Hours Min.  206  dispanic Origin? (Sen, Mexican, Puert Specify: Deation during most of world)  18. Mother's Nar Lilliend Number or Ru	8. Date of Bir (Month, De Aug. 1	Balti th, Year) 1, 1918  10g. Citizen of V  U.  14. Rac Blec Specify  16b. Kind of Bo  Own  Maiden Sumem	9. Birthple Country Mar  10  Whet Country S. A. 10  S. A. 10  White, every White, e	ryland d. Inside City Limits 1X Yes 2 □ No ry?  in Indien, itc.
Social Security Number  212-07-0171  suel Residence of Decedent  Da. Stete  10b. County  Maryland  De. Street end Number  4759 Elison Avenument  Maritel Stetus  1 Never Married 2 Merried  3 Merried  15. Decadent's Elementary/Secondery (0-12)  Bth Grade  7. Fether's Neme (First, Middle, Lest  Francis Doherty  9e. Informent's Name/Reletionship (Charles Anderson  Da. Method of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition of Disposition  1 Decadent's Elementary/Secondery (0-12)  The standard of Disposition	N/A  12 Wes Decedent Endrmed Forces? 1 Yes, Give Yeer or Dates:  ducation ede completed)  College (1-4or 5+	79  10c. City, Town  10	Month  Tyrs. Month	more Zip Code 212 cedent of February Cubis 2 No suel Occupwork done r use retired er ess (Street	Hours Ain.  Hours Min.  206  dispanic Origin? (Sen, Mexican, Puert Specify: Deation during most of world)  18. Mother's Nar Lilliend Number or Ru	8. Date of Bir (Month, De Aug. 1	10g. Citizen of V  U  14. Rac Blec  Specify  16b. Kind of Bo  Own  Maiden Sumem	9. Birthple Countri Mar 10  Whet Countri S. A. 10  Per America ck, White, et	ryland d. Inside City Limits 1X Yes 2 □ No ry?  in Indien, itc.
suel Residence of Decedent Da. Stete 10b. County Maryland De. Street end Number 4759 Elison Avenu 1. Maritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced  15. Decadent's E (Specify only highest gn Elementary/Secondery (0-12) 3th Grade 7. Fether's Neme (First, Middle, Lest Francis Doherty 9e. Informent's Name/Reletionship ( Charles Anderson Da. Method of Disposition 1 Buriel 2 Cremetion 3 Charles Anderson Da. Method of Funeral Service Lice	N/A  12. Wes Decedent Endermed Forces? 1   Yes 2   Min   14. Wes Decedent Endermed Forces? 1   Yes 2   Min   15. Wes Decedent Endermed Forces? 1   Yes 2   Min   16. Wes Deced	79  10c. City, Town  10	Month  or Location  Balti  10f.  13. Was De fl Yes, s  1 Yes  Decedent's U (Give kind of life. Do Not of life.	more Zip Code 212 cedent of F pecity Cubic 2 No suel Occup work done T use retired er ess (Street	2.06 dispanic Origin? (Sen, Mexican, Puert Specify: Dation during most of world)  18. Mother's Nar Lilli end Number or Ru	Aug. 1 pecity Yes or No o Rican, etc.)  king  ne (First, Middle, an Eder  rel Route Number	10g. Citizen of V  U  14. Rac Blec Specify  16b. Kind of Bu  Own  Maiden Sumem	Mar  Net Countr S. A. Per - America ck, White, er  White Uslness/Indu	ryland d. Inside City Limits 1X Yes 2 □ No ry?  in Indien, itc.
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9e. Informent's Name/Reletionship ( Charles Anderson  Da. Method of Disposition  1	(Son)  Removel from State (y)	20b. Place of cemeter	203 Eas Disposition (*) y, cremetory of	tern	end Number or Ru	rel Route Numb	er, City or Town,		
Charles Anderson  Da. Method of Disposition  1  Buriel 2 Cremetion 3 C 4 Donetion 5 Other (Special Signature of Funeral Service Licers)  32. Peril. Enter the disease, or company shock, or heert failure. List only	(Son)  Removel from State (y)	20b. Place of cemeter	203 Eas Disposition (*) y, cremetory of	tern			er, City or Town,		
Da. Method of Disposition  1	Removel from State (y)	20b. Place of cemeter	Disposition (f y, cremetory o	Verne of	Ave., Ba	ltimore.			
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Signature of Funeral Service Lices)  3. Pert1. Enter the disease, or companion, or heart failure. List only	nsignal y	cemeter	y, cremetory o	Verne of		T C IMO I C	, Maryla	nd 21	224
1. Signature of Funeral Service Lice    Service Lice   Service Li	day	Datane	y vall			8/28/97	20c. Location -		
3e. Pert1. Enter the diseese, or comeshock, or heert failure. List only	dach				ss of Facility	15	TIMONITU	ii, Mai	Lytanu
			Schim	unek	Funeral			land	21213
	plications thet caused t	the death. Do r						1 /	Approximete
nmedlete Ceuse (Finel	One cease on each mile	9.							Intervel Between Onset end Deeth
	Concie								
iseese or condition esulting in death)	e Sepsis						_	1	week
	D	Due to (or es e d	consequenca o	of):					
•	b								
equentially list conditions, eny, leeding to immediate	D	Due to (or es e o	onsequence o	of):				ĺ	
ause. Enter Underlying euse (Diseese or Injury eet initiated events	c							į	
esulting in deeth) Lest	D	ue to (or es e c	onsequence o	of):					
	d								
art II. Other eignificant conditions of	contributing to death but	not resulting In	the underlying	g cause giv	en in Pert I.	23b. Dld	tobacco uee cor	ntributa to 1	the cause of death
Hyportonoion Di	shataa Mall	de la Tal	TT			10	Yes 2 No	3 Proba	ably 4 € Unknow
myper tension, Dia	abetes Mell	itus Ty	pe II,						
Comphyorrogaulan	A = = 4 1 = = 4					24a. Wes	en eutopsy		e eutopsy findings ieble prior to
cerebrovascular A	Accident					perio	meur	com	pletion of cause
						400	ر ها الله الله الله الله الله الله الله		
						10,	res ZXINo	10	Yes 2□ No
exeminer?	Hospital:			Oth		th (Check only o	nne)		
	1 K) Inpatient			DUA	4 Li Nursing h				
				28c. injur Wor	y et k?	28d. Describe I	now injury occurr	red	
2 ☐ Accident investigatio			М	1 🗆	Yes 2□No				
	286. Pleca of Injur	y - At home, far (Specify)	rm, street, fact	tory, office				er or Rurel	Route Number,
		(0,000.))				ony or vor	, 0,2,0,		
9a. Certifier (Check only one)  1 ☑ Cartifying Ph 2 ☐ Medical Exam	niner: On the besis of e	examinetion end	deeth occurre Vor investigati	ed et the tir on, In my o	me, dete end plece pinion, deeth occu	, end due to the rred et the time,	ceuse(s) end me dete end plece, a	enner es ste and due to t	ted. he ceuse(s)
9b. Signature and title of certifier			2	29c. Licens	e number	T	29d. Date signed	d (Month, D	ev. Yeer)
( 21				RD	2337		August	25, 1	997
100									
). Neme end eddress of person who	completed cause of dee	eth (Item 23e) (	Type, Print)						
H C	Was case referred to medical exeminer?    Was case referred to medical exeminer?   Yes 2   No   Menner of Deeth   Maturel   5   Pending investigetion of Deeth   2   Accident   3   Suicide   4   Homicide   6   Could not be determined   1   Cartifying Processing   1   Cartifying Processing   1   Cartifying Processing   1   Medical Exemined   1	Aypertension, Diabetes Mell  Cerebrovascular Accident  Was case referred to medical exeminer?    Was case referred to medical exeminer?   Was 2 No	Ascase referred to medical exeminer?  Was case referred to medical exeminer?  Was case referred to medical exeminer?  Was case referred to medical exeminer?  Was case referred to medical exeminer?  Hospital:   Image: Im	Associated as the state of the	Associated as the state of the	Was case referred to medical exeminer?    Was case referred to medical exeminer?	As Carebrovascular Accident    Accident   Check only of the Month, Day Year	As a case referred to medical exeminer?    Was case referred to medical exeminer?   Hospital:   1\overline{\text{Impatient}} 2 \overline{\text{ER/Outpetient}} 3 \overline{\text{DOA}} \)   Doa   Other:   4 \overline{\text{Nursing Home}} 5 \overline{\text{Residence}} 6 \overline{\text{Other}} \)   Menner of Deeth   1\overline{\text{Nuturel}} 5 \overline{\text{Pending}} \overline{\text{injury}} \)   Accident   28e. Dete of Injury   28b. Time of Injury   28c. Inju	Accident    24a. Wes en eutopsy performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   24b. Were very performed?   25b. Very performed?   25b. Very performed?   25b. Very performed?   25b. Very very performed?   25b. Very very very very very very very very v

BALTIMORE, MARYLAND 21215-0020	IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should the State Dem of Health and Mental Horizone price to burial commandon or removal	of Company
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE PLABOAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the	יים ביים ביים ביים ביים ביים ביים ביים

_	FOR 1 • STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN		20740			
	1. DECEDENT'S NAME (First, Middle, Last)	Borcherdin				2. DATE OF DEATH MONTH D	MY 22 YEAR 1917	5.40 p			
	4. SOCIAL SECURITY NUMBER 212-03-6220	5. SEX 6. AGE (III	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-25-191	Coun	HPLACE (State or Foreign try) Vland			
	9a. FACILITY NAME (If not institution, give stre	eet end number)		9b. CITY, TOWN	OR LOCATION OF D	1	9c. COUNTY OF				
DIRECTOR	Copperidge Nursi	ng Home		Syke	esville		Carroll				
يوا	100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
	Maryland Carro	11		Sykesv	ille			LIMITS?			
FUNERAL	710 Obrecht	Road		,	01. ZIP CODE 21784		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, a	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Speci	NIC ORIGIN? (Specify Yes en, Puerto Rican, etc.) fy:	E - American Indian, ck, White, etc.				
ED C	15. DECEDENT'S EDUCA (Specify only highest grade or	ATION ompleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPAT	TON lost of working	16b. KIND OF BU	SINESS/INDUSTRY				
once. COMPLET	Elementary/Secondary (0-12)	lantic C	0.								
COM	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Melden					
ed at	Paul Borcher	ding	105 MAII INC	ADDD500 (0)		line Duke					
be notified TO BE	Mr. Mark R. Borch	erding (Neph				Acute Number, City or Town		o 43206			
nust be	20a. METHOD OF DISPOSITION  1  Burlet 2  Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b.I	PLACE AND DATE Of	F OISPOSITION //	lame of	DATE 20c. LO	OCATION — City or T	own, State			
19	21. SIGNATURE OF FUNERAL SERVICE LICE		oudon Pa		AND ADDRESS OF FA		Baltimor	e, Maryland			
il examiner must		S. Brooks	,	1050	York Ro	Funeral Ho ad, Towson	, Md. 21	204			
redica	23. PART I. Enter the diseases, or co ehock, or heart failure. Li	emplications that caused list only one cause on es	the deeth. Do not line.	ot anter the m	ode of dying, suc	h ss cardiac or reap	iratory arreat,	Approximate interval Between			
other traumatic event, the medical	IMMEDIATE CAUSE (Fine) discess or condition reaulting in desth)		Onset and Dest								
even	disease or condition resulting in desth)  s. CPChroVascular Accident  Due to (or as a consequence or):  L'Accident										
matic ION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CATION	if any, leading to immediate cause. Enter UNDERLYING C. C. C.										
RTIF!	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):							
jury, or	d.										
	PART II. Other significant conditions			n the underlyin	ng cause given in	Part i. 24s. WAS AN		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ws any in EDICAL	Henline	Type Who	nha			1 YES 2		COMPLETION OF CAUSE OF DEATH?			
S E	DID TOPACCO LICE CONTRI	DUTE TO CAUSE OF	DEATH VE	5 🗔 110 🖟	7	-		1 TES 2 NO			
IAN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEAT			ND					
or item YSICI		HOSPITAL: 1   Inpatient 2   ER/Outpat	Hent 3 DOA	OTHER:	me 5 🗆 Reeldence	6 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURED				
marked, BY PI	2 Accident Investigation	28e. PLACE OF INJURY	At home form of		YES 2 NO						
28 Is TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specifi	y)	treet, factory, om		281. LOCATION (Street of City or Town, Stete)	and Number or Rural	Route Number,			
	290. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowle	dge, death occurre	d at the time, dat	e end place, and rive	to the council and mar	nner ee steted				
=   5	(Check only one)  29 - CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  2 - MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.										
EW	295. SIGNATURE AND TITLE OF CERTIFIER	224			29c. LICENSE NUI		29d. DATE SIGNED				
E O	30 NAME AND ADDRESS OF DEGSON WAY	/71 <u>]</u>			D331	84	Hegust	22, 1997			

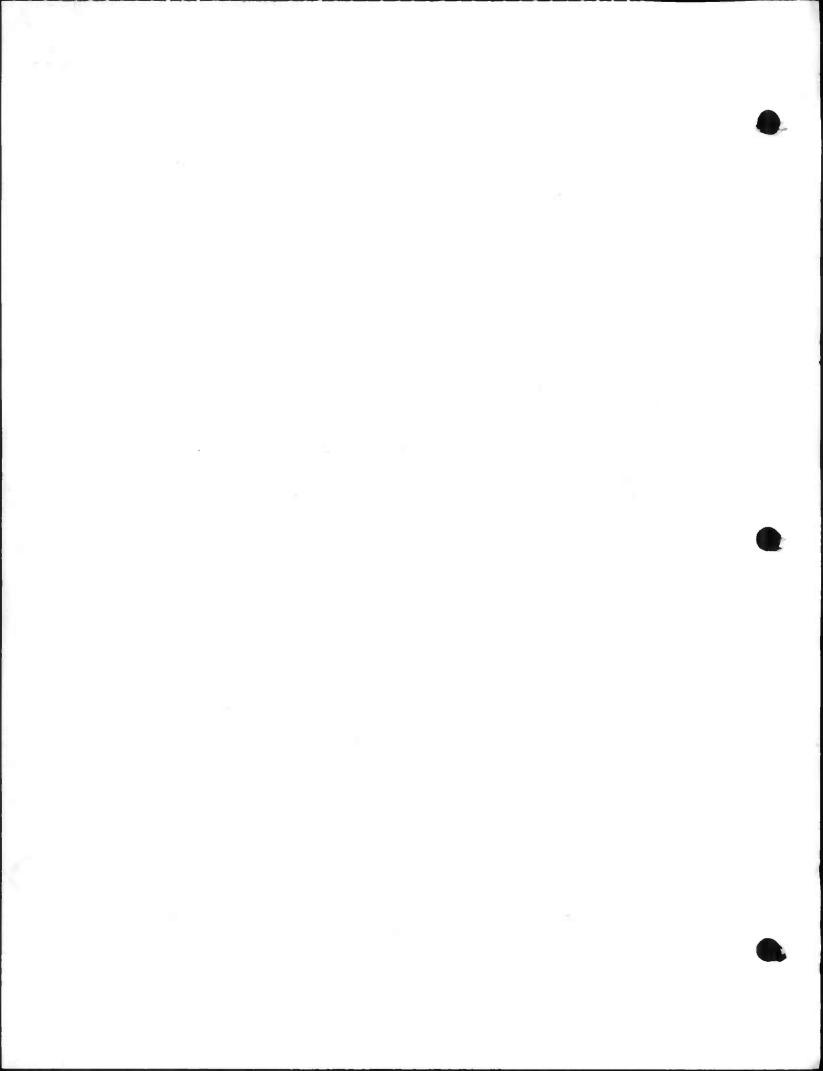
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (5700, Print)

31. DATE FILED (Mogus, Day, 1861)

AUG 27 1997

AUG 27 1997

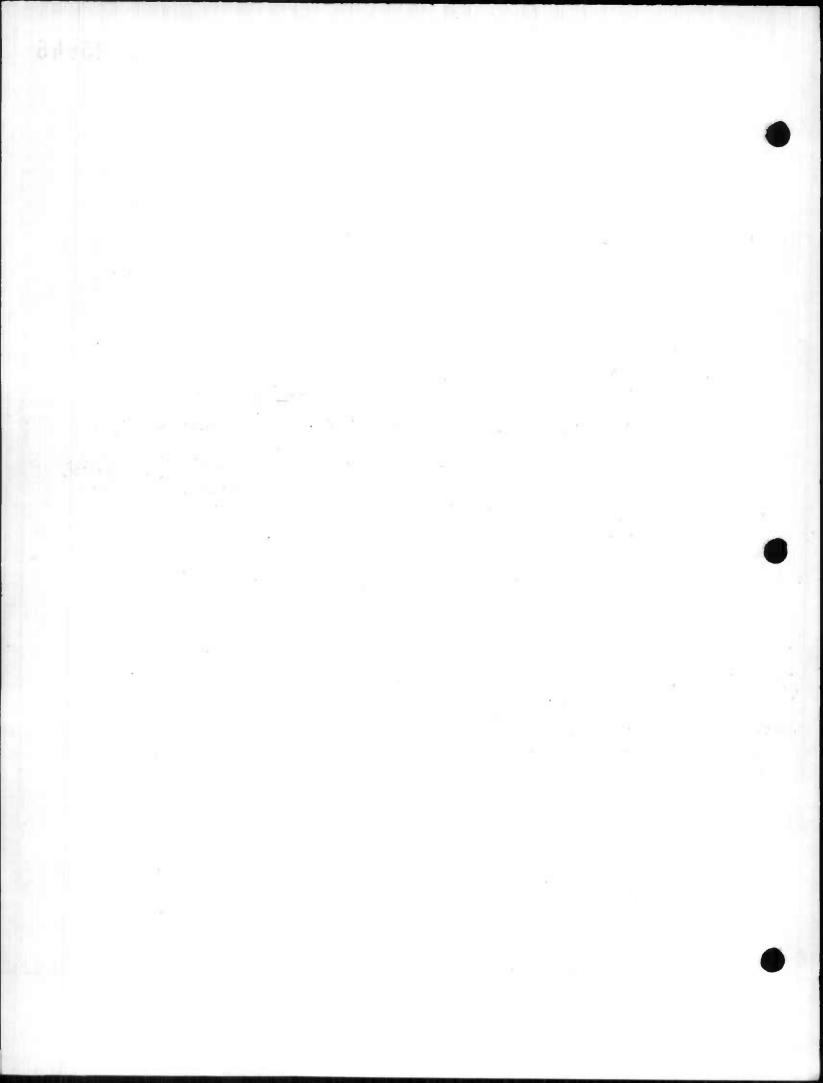
Reisterstown



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1. 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HO	NO THE FUI	be filed with	IMPORTA

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH	REG. NO.

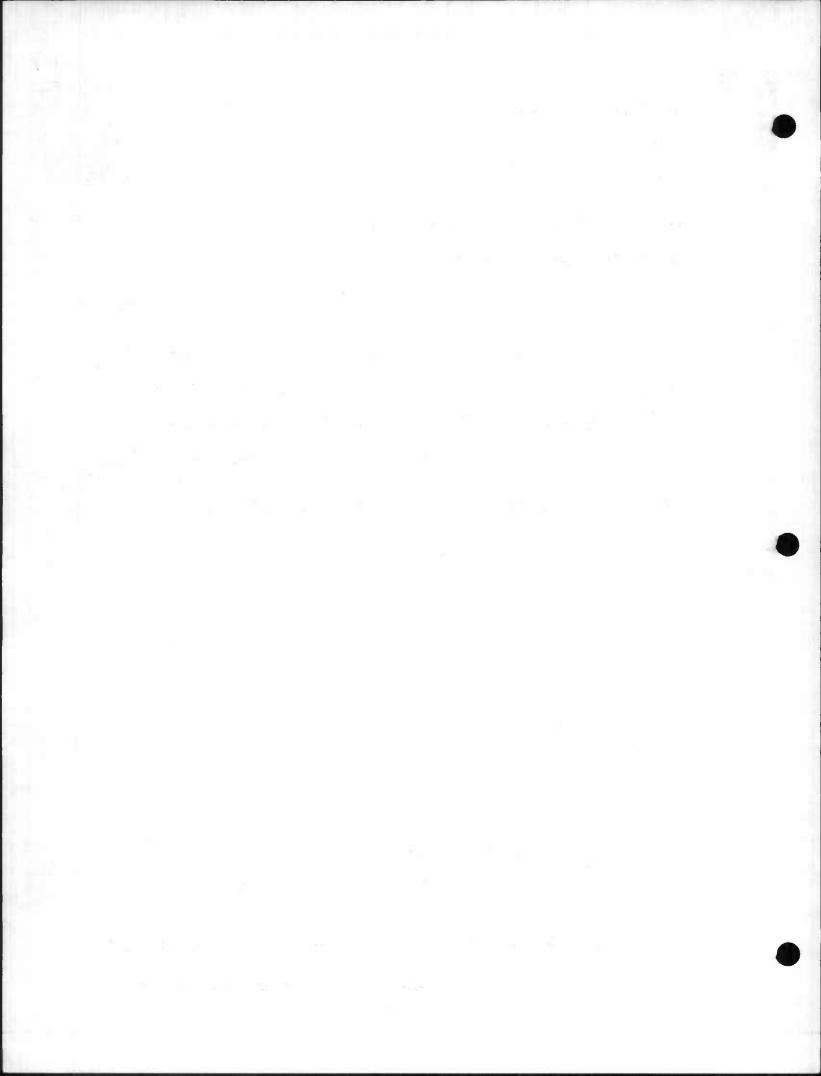
FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		ENT OF HEALTH AN	D MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	Bown	·W		MONTH	DE DEATH DAY	YEAR (997	3. TIME OF DEATH		
216 240295 1	1 M 2NOF 7	3 YRS. WO	UNDER 1 YEAR IF UNDER 24 HR ITHS DAYS HOURS MIN	1. DEC	Day, Year)	MAR	YLAND		
9a. FACILITY NAME (If not institution, give street  Office of Decement		96	BAZ 5 170 R	~-	9c. COUNTY OF DEATH				
10a. STATE 10b. COUNTY  MARYLAND N/A			LTIMORE CITY			10d. INSIDE CITY LIMITS? 1XX YES 2 NO			
1601 SPRAY COURT	APT 1		10f. ZIP CODE 212	17		10g. CITIZEN OF WHAT COUNTRY?			
	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	J.S. ARMED 2 V JNO ESXX	t3. WAS DECENDENT OF HIS If yes, specify Cuban, Ma t YES 2 X NO Sc	xican, Puerto R	? (Specify Yea or No-	pecify Yea or No- 14. RACE - American			
	(ON spleted) College (1-4 or 5+)	6a. DECEDENT'S USL (Give kind of work life. Do NOT use re WAITRESS	done during most of working tired.)		KIND OF BUSINESS/I	OF BUSINESS/INDUSTRY			
10th grade		WATTRESS			fiddle. Melden Surname				
CLARENCE JONES				RTHA JO		"			
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Ro			Zip Code)			
Harold Bowman/ Hu	isband		PRAY COURT A				YLAND 2121		
23. PART I. Enter the diseases, or conshock, or heert failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ch line.		such ss cerd	lec or respiratory	srrest,	Approximate Interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	exory disc	5418					
END STAGE A  LOWAR DISCASS  DID TOBACCO USE CONTRIB	S. ISCHTE	MA MIC BE	Antocoscio	WT? C	24s. WAS AN AUTOPS PERFORMEO? 1 YES 2 NO		b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	2	B. PLACE OF DEATH	Check only one)	All L					
	OSPITAL: Cinpetient 2 ER/Outpe		THER: ☐ Nursing Home 5 ☐ Reside	nce 8 🗆 Other	r (Specify)	79-41			
27. MANNER OF DEATH  1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?		CRIBE HOW INJURY	OCCURED	5.11.174		
2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Specif		M 1 YES 2 NO	28f. LOC	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
and and	Secretary of the second		it the time, data and placa, and n my opinion, death occured s				(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER	1 . /	1	29c. LICENSE				O (Month, Day, Year)		
U.T. 6/25	MI			1778	1	1450	uss.22.9		
30. NAME AND ADDITION OF PERSON WHO O			HOSPITAL	57					
3t. DATAUG 2-17 1997	321 REGISTRARIS SIGN	Alfale C							



State of Maryland / Department of Health and Mental Hygiene

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HA E.BASS	FI				Certifica	ale UI	Dealli	1	Reg. No.		259	7 1
Physicia	an	1. Decedent's Name (First, Middla, Last)	Bassfi	iall				2. Data of Do	Day	Year	3. Time of	1000
/Medic		4a. Facility Name (If not institution, give s		reid			4b. City, Town, or I	AUGUST		997 y of Death	2:26	AM
Examin	ler	JOHNS HOPKINS HOSPI					BALTIMO		40. Oddin	NIK	1	
Funeral		5. Social Sacurity Number 6. Sex	7. Aga	(In yrs. lest birt		der 1 Year	If Undar 24 Hrs.	8. Date of Bi	rth Vasal	9. Birth	placa (State o	or Foraig
Director		228-20-5979 1Usual Residence of Decedant	M 200 F	73	Yrs.	ns Days	Hours Min.	1-28	-24	Vir	91010	
11215-0020 within 72 hours after deeth with the Maryland ane. then "natural; or terms 23s or 28s-f show he Madical Examines in the modified at		10a. State 10b. County		10c. City, Towr	or Location						10d. Insida Cit	ty Limit
21215-0020  Within 72 hours after deeth with the Marylar jane.  Then "netural", or flems 23s or 28s-f show the Madical Examiner must be notified as	Director	md, NIa		Balti	more	2					1 DYes	2 No
with ti	Dire	10e. Street and Number	to		10f.	Zip Code	10		10g. Citizen of	What Cou	intry?	
ter deeth w	Funeral	1232 Bonapar	2. Was Decedent Ev	ver in U.S.	13. Was De	cedent of I	Hispanic Origin? (S	pecify Yes or No	0- 14. Ba	ce - Amer	ican Indian.	
after or ite		1 Nevar Married 2 Married	Armed Forcas?			. /	Hispanic Origin? (S pan, Mexican, Puert	o Rican, etc.)	Ble	ck, White		
21215-0020 d within 72 hours aft glane. If then "netural", or the medical Exercising the medical Exercising the medical Exercision or the medical Ex	i by	3 ☑ Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1 ∐ Yas	2 No	Specify:		Speci	Blo	ick	
15-00:	letec	15. Decedent's Educ (Specify only highast grade	eation completed)	16a.	Decedent's U (Giva kind of	sual Occu work done	pation during most of world)	king	16b. Kind of E	Business/Ir	ndustry	
vithic and the state of the sta	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	)	Press		на)		Lau	nd r	\/	
ind 212 be filed withing tal Hygiane. d other than	Be C	17. Fether's Neme (First, Middle, Last)			1000	, , ,	18. Mother's Nan	ne (First, Middle			7	
ore, Maryland stands and 2 should be filed the and Mental Hygitem 27 is marked other other traumatic event,	To B	Thomas Outlaw					Rebe	cea	Blow			
Aar 2 sho and is me		19a. Informant's Name/Reletionship (Typ.	De, Pring dayant	196.	Malling Addre	ess (Stree	t end Number or Ru			, Stete, Zi	ip Code)	
e, h l and lealth m 27 her tu		Daipara HOSVIE	Gurdur	12:	32 Bon		e ave, 15	altimo	-	21:	218	
Baltimore, Ma permit. Pegas 1 and 2. Depertment of Health at Important: If Item 27 is any Injury or other trau		20a. Method of Disposition 1	amoval from State		y, cremetory o	or other ple		Data ()	20c. Location	- City or T	own, State	
Iltin		4 □ Donation 5 □ Other (Specify)  21 Separature of Funeral Service License		Voshe	_	and Addre		8-26-4		TIM	ore or	110
Depe Depe		13aitimore,										
		Part I. Enter the disease, or compile shock, or heart failure. List only on	cations that caused th	he death. Do n	ot enter the m	node of dyl	russ Fun	eral Ha	Me arrast.	0	2/2/6 Approximete	0
Physician		snock, or near failure. List only on	e cause on each line							i	Onset and D	
/Medical Examiner		Immediate Cause (Final disease or condition	Fract	Ture of	ceru	ical	Spine			1		
	-	resulting In death) a		ue to (or es e c								
petr I	Examiner	<b>6</b> b		ue to (or as a c	,							
exect an and rial-tra	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying			i							
g physician and as the buriel-transit	edicai	Cause (Disease or injury C										
	-	rasulting In death) Last										
Alsion of Vital Records, P.O. Box Mending Physician: The law requires that the death cer deeth.  r deeth.  octor: After this certificate hes been signed by the attendin by the funeral director, page 2 should be detached for use	by Physician/	d.										
o the de	ysic	Part II. Other significant conditions cont						23b. Dld	tobacco use co	ontribute 1	to the cause o	of death
that s that be detailed by	Y P	Cardiac hype	rtrophy o	with f	our ch	aml	es	10	Yes 20 No	3 □ Pro	obably 4 1	Unknov
Division of Vital Records, P.O. Box in or Attending Physician: The law requires that the death ceraffector: After this certificate hes been signed by the attending in by the funeral director, page 2 should be detached for use	ed b	Cardiac hype		V					s an autopsy ormed?	24b. W	/ere autopsy fi	indings
aw re	Completed							pem	omeur	C	ompletion of co	
Tha Tha sata h	Con							129	Yes 2□No	1	Yes 20	No
Vital Re	Be	25. Wes case refarred to medical examiner?	ospital:				26. Place of Dea	th (Check only	one)			
Physic this of real directions	P.	YAS 2□ No		Home 5 ☐ Residence 6 ☐ Other (Specify)								
dlng th. After	tion	1 Netural 5 Pending 2 Accident invastigation	28a. Data of Injury (Month, Dey )		jury	28c. Inju Wo	rk? Yes 2 5 No		fell from			
Atten r deel octor: by the	ifica	3 ☐ Suicide 6 ☐ Could not be	8 - 22 - 9° 28e. Place of fnjury	y - At home, far	170		,		-			ber,
1 0 mg	Sert	3 ☐ Suicide 4 ☐ Homicide  28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify)  28f. Location (Streat end Nur City or Town, State) /2  Baltiner City									rapeite.	Ane
Division of Vital Relation to Vital Relation to the Hoppial or Attending Physician: The living 24 hours after deeth.  To the Functal Officetor: After this certificate he completely filled in by the funeral director, page	Medical Certification:	29a. Certifier (Check only one)	clan: To the best of a	my knowlodgo	dooth coours	ed at the ti	me, date end place,	and due to the			stated.	)
The The The The The The The The The The	Med	one) XX 29b. Signature and title of certifier										
5 2 5 8		Donald A	Winght	MD	1		M.E.		29d. Date signe AUGUST 2			
	-	30. Name and address of person who cor			Type Print\	0.0.			.100001 2	-0,10	- '	
4		DONALD G, WRIGH	TMO			et. F	Baltimore	. Marvl	and 2120	)1		
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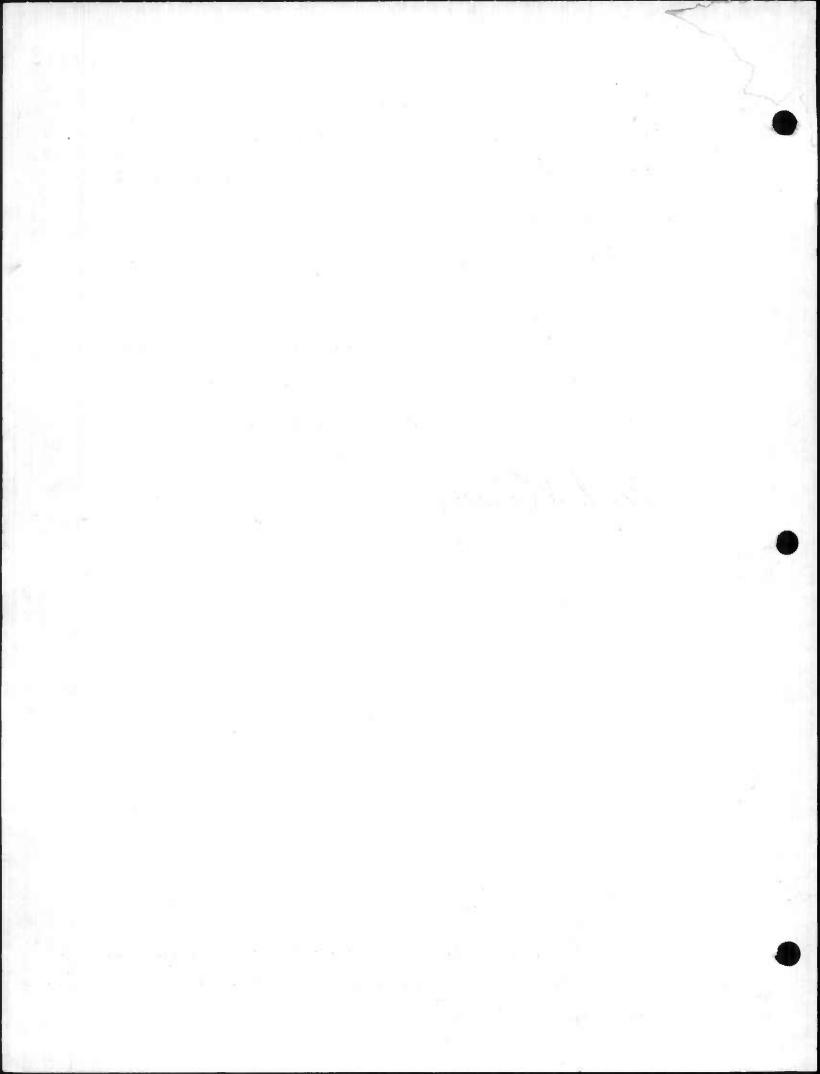


State of Maryland / Department of Health and Mental Hygiene 9 7

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Month   December   Section   December   Section   December   Dec	All							Cei	tificate	e of	Death			Reg. No.			
Union Memorial Hospital  Total State  216-54-6193  Total Park State  216-54-6193  Total Park State  216-54-6193  Total Park State  127-65-6193  Total Park State  128-6-6193  Total Park S					John		ichael 1	Bake	r				AUGUS)	+ZO Day	Yaar 1997	3. Time of Death 9:30 p.,	
216—554—6193   New York   New Yor	Examir	er	4a. Facility Nema (If not institution, giva straat and numbar) Union Memorial Hospital							4	Bal	timo	nore N/A				
Section   100   State   100   Courty   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   100   CDly, Town or Location   My/A   CDly, My/A   CDly, My			216-54-6193	2		Months Days Hours Mir					8. Data of Bir (Month, De Feb 25	rth ay, Yaar) 1950	Cou	intry)			
Bernard Baker  Billie Bethel  19s. Maing Addrass (Siras and Number of haul Route Number (The Intel Route Number) (The Int	Maryland a-f show	tor	10a. Stata 10b. Co	unty												10d. Insida City Limits  XXX es 2 □ No	
Bernard Baker  19a. Informaris Name/Relationship (Type, Print)  19b. Mailing Address (Stress and Number of Pour Route Number, Other Pour Route Number, Other Pour Route Number, Other Pour Route Number, Other Pour Route Number, Other Pour Route Number, Other Route Number, Other Pour Route Number, Other Pour Route Number, Other Other Route Number,	th the	Sirec	10e. Street and Number						10f. Zip	Coda				10g. Citizan o	What Cou	intry?	
Bernard Baker    Billie Bethel	23a		1819 Ramblir	ng La	ane					2	1209		100		U.S.A		
Bernard Baker  Billie Bethel  196. Mailing Addrass (Sirvas and Number of haule Route Number, Other From, Stets, Zg Code)  196. Mailing Addrass (Sirvas and Number of haule Route Number, Other Route, Number, Other Rout	rs after de		1 Navar Married 2		Armed F 1 ☐ Yas If Yas, G	orcas?		If Yas, specify Cuban, Maxican, Puarto Rican, atc.					pecify Yas or No Rican, atc.)	) Black, Whita, atc.			
Bernard Baker    Billie Bethel	2 hou atura	Pe	15. Dec	edant's E	ducation		168	. Deced	lant's Usual	l Occup	ation			16b. Kind of	Business/Ir	ndustry	
Bernard Baker    Bernard Baker   Billie Bethel	thin 7 e. Bn "n	pie	(Specify only h	ighast gr	rada complated		(4)	(Giva	kind of worl OO NOT use	k dona d e retired	du <i>ring</i> most ()	t of work	king				
Bernard Baker    Bernard Baker   Billie Bethel	ygien er th	Con	7th			, , , , ,		Home	Impr	ove						uction	
She Liy Baker (Daughter)  20. Membrd of Disposition (Mining of Companies)  20. Membrd of Disposition (Mining of Companies)  20. Membrd of Disposition (Mining of Companies)  21. Signatura-of Funds of State (Appendix)  22. Signatura-of Funds (State of Companies)  23. Mining and Address of Facility  23. Name and Address of Facility  24. Name and Address of Facility  25. Name and Address of Facility  26. Signatura-of Funds (State of Companies)  27. Name and Address of Facility  28. Part I. Critic has disease, or complications than Campanies with Donor and and Address of Facility  29. Name and Address of Facility  20. Name and Address of Facility  20. Name and Address of Facility  21. Signatura-of Funds (State of Companies)  22. Name and Address of Facility  23. Name and Address of Facility  24. Name and Address of Facility  25. Signatura-of Facility (Facility of Companies)  26. Signatura-of Facility (Facility of Companies)  27. Name and Address of Facility  28. Part I. Critic has disease, or complications than Campanies with Donor and and Address of Facility  29. Due to (or as a consequence of):  29. Due to (or as a consequence of):  29. Due to (or as a consequence of):  20. Due to (or as a consequence of):  20. Due to (or as a consequence of):  21. Type 20 No.  24. Was an autopsy performed?  24. Was an autopsy performed?  25. Was case refaired to medical arrange of Companies o	o g in D	Be	Bernard Bake	er							В	illi	ie Beth	el	,		
26. Pent. Enairhe disease, or complications that exame the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, increased and control of the cause of activities and setting in death).  27. Pent. Enairhe disease, or complications that exame the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, increased and control of the cause of set and the cause (final dease or coordion resulting in death).  28. Sequentially list conditions.  38. Pent. Enairhe disease, or complications that exame the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, increased the cause of the cause	and 2 sh saith and n 27 is rr ier traurr					)											
20. Pert. Emia* he disease, or complications that cause the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.  Approximate the death of the disease or conflict and the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.  Approximate and beath of the disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any leading to immediate the conditions of any leading the conditions of any leading the conditions of any leading the conditions of any leading the conditions of any leading the conditions of any leading the conditions of any leading the conditions of any	Pages 1 nent of He int: If iten iry or oth		1 □ Burial 2 🕅 ramal			n Stata	camata	ry, cram	natory or oth	har plac		8					
23s. Pert. Entir that disease, or complications that disease in selection. Do not aniar that mode of dying, such as cardiac or raspiratory errast, independent and perfect and perfect that the selection of the s	Departri Departri Importa any inju		21. Signature of Funaral Sarvige Licanses  22. Nama and Addrass of Facility  Burgee-Henss Funeral Home														
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contribute to the cause of death of the part of the pa			23a. Pert1. Entar <sup>e</sup> tha disaas shock, or heart failura.	a, or con List only	nplications that ona causa on	caused aach lir	the death. Do	not ante	ar tha mode	of dyin	g, such as	cardiac	or raspiratory a	rrast,		Intarval Batween Onsat and Death	
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resulting in death) Last    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contribution to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contribution to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contribute to the cause of death of the cause of death (a part of the pa	an end irial-trans		Sequantially list conditions, if any, leeding to immadiate causa. Enter Undarlying	ſ	b				1							3455	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    23b. Did tobacco use contribute to the cause of death of the cause of death	os the bu	Medical	that initiated evants resulting in death) Last  Dua to (or as a consequence of):										0 9 7 5				
Part II. Other significant conditions contribute to the cause of de 1   Yes 20 No 3   Probably 4   Unk  24a. Was an autopsy performed?  24b. War autopsy performed?  24b. War autopsy performed?  24c. Was an autopsy performed?  25c. Was case rafarred to medical axaminar?  11 Yes 20 No 1   Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	C -				d												
24a. Was an autopsy incide available prior to complation of causi of dash?  25. Was casa rafarred to medical axaminar?  25. Was casa rafarred to medical axaminar?  26. Pleca of Death (Check only one)  27. Mannar of Death Nonth, Day Year)  28b. Tima of Injury M 10 Yas 20 No  27. Mannar of Death Injury Sand Injury At home, ferm, straat, factory, office of death (Check only one)  28c. Injury at Work?  28d. Data of Injury At Nonth, Day Year)  28d.	0 2																
25. Was case referred to medical axaminar?  1										performed?		an CC	complation of causa				
25. Was case referred to medical axaminar?  1	age a	mo											10	Yas 2VI No			
27. Mannar of Death   27. Mannar of Death   28. Data of Injury   28. Dat	rtifica stor, p	0		dical							26. Pleca	of Deal					
State	nis ce il dire	0			Hospital.	Inpatla	nt 2 ER/O	utpatient	3 DO/	A Othe	ar: 4 🗆 Nu	rsing Ho	oma 5 Rasi	dance 6 🗆 C	thar (Speci	ify)	
29a. Certifilar (Check only one) 29a. Certifilar (Check only one) 29a. Certifilar (Check only one) 29a. Certifilar (Check only one) 29b. Signatura and titla of certifier 29c. Licansa number 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of parson who complated causa of daath (Item 23a) (Type, Print)  Paul Pena Union Memorial Hospikul 201 E. University Pkwy MD 21  State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	eath. or: After the	cation:	Natural 5 Pa	astigatio	28a. Data (Mor	of Injui	Year) 28b.	8b. Tima of lnjury at Work? 28d. Dascribe					28d. Dascribe				
29b. Signatura and titla of certifier  29c. Licansa number  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  30. Nama and addrass of parson who completed causa of daeth (Item 23a) (Type, Print)  29d. Data signed (Month, Day, Yaar)  29d. Data signed (Month, Day, Yaar)  30. Nama and addrass of parson who completed causa of daeth (Item 23a) (Type, Print)  29d. Data signed (Month, Day, Yaar)  30. Nama and addrass of parson who completed causa of daeth (Item 23a) (Type, Print)  29d. Data signed (Month, Day, Yaar)  30. Nama and addrass of parson who completed causa of daeth (Item 23a) (Type, Print)  29d. Data signed (Month, Day, Yaar)  30. Nama and addrass of parson who completed causa of daeth (Item 23a) (Type, Print)  29d. Data signed (Month, Day, Yaar)  30. Nama and addrass of parson who completed causa of daeth (Item 23a) (Type, Print)  201 E. University Pkwy Mo 21	rs after d al Direct led in by	Certifi	determined 208. Placa of Injury - At nome, ferm, streat, factory, office 201. Location (Streat and Number of								nber or Rur	al Routa Number,					
Paul Penu MD AT 2438946B25 August 20, 199  30. Nama and addrass of parson who completed causa of death (Item 23a) (Type, Print)  Paul Penu Union Memorial Hospital 201 E. University Pkwy mo 21  State 31. Data filled (Month, Day, Year)  32. Registrar's Signature	n 38 hou he Funer pletely fill	_	one) 2 Med	Ical Exar	miner: On that	pasis of	examination ar	e, daeth nd/or inv	occurrad a estigetion, l	t the tim In my op	e, date and dinion, deat	d place, h occur	and due to tha rad at tha tima,	causa(s) end i data and place	nannar as s e, and dua t	stated. to tha causa(s)	
State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	3		> Pau	l	Peñe	ر	MD					94	6 B 25				
State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	1		Paul	Pen	a Ur	vior	n mem		erint)	tosp	ital	20	1 E. U	niversity	PKW	Baltimore, y MO 21219	
NOW W. DOI		-						ndell		,							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month **Physician** avoyust 1997 2155 AB MIE /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not Institution, give street and number) 4c. County of Death Examiner Medicine Mld of Universitu Baltimore 5. Social Security Number If Under 1 Year 6. Sex **Funeral** 220-30-7195 Usuel Residence of Decedent 1 M 2 F **Director** permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mantal Hygiene. Imprortant: If Item 25 is marked other than "naturel", or items 23e or 28e-f ahow any Intportant: If Item 27 is marked other than "naturel", or items 23e or 28e-f ahow any Injury or other traumatic event, "a Marginal Engineer must be rottlined at 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director 10f. Zip Code 10g. Citizen of What Country? Funeral 12. Was Decadent Ever in U.S Armed Forces? 1 Yes 202 No 13. Was Decedent of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien Black, White, etc. 11. Maritel Stetus 1 Never Married 2 Married 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) ner's Name (First, Middle, Maiden Surname) Be 19e. tnforment's Name/Reletionship (Type, Pnnt) or Aural Route Number, City or Town, State, Zip Code) 20c. Location - City or Town, Stete 20b. Plece of Disposition (Name of cemetery, crematory or other place 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State /\$ □Other (Specify) 4 Donation 21. Signature of Funerel Service Licana e, or complications that caused tha daeth. Do not enter the mode of dying, List only one cause on each line. intervel Between Onset and Death **Physician** Immadiat ausa (Final diseese or condition resulting in deeth) /Medical Examiner Due to (or es e consequança of): Completed by Physician/Medical Examiner physician and the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): Box 68760. Due to (or es e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of causa of death? 24e. Wes an autopsy performed? 1 ☐ Yes 2 No or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: 1 Inpatient 1 Yes 2 No Certification: To Other: Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 ER/Outpatient 3 DOA this Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After 5 Pending death. 1 TYes 2 No 2 Accident Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify) a 24 hours efter d re Funeral Direct bletely filled in by 4 Homicide Certifying Physician: To the best of my knowledga, daeth occurred et the tima, data and place, end due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, daeth occurred et the time, date end pleca, and due to the cause(s) end manner steted. 29a. Certifier Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nema end addrass of person who completed cause of death (from 23a) (Type, Print) Timothy J. Keay MD S. Vaca Et. 31. Dete filed (Month, Day, Year) 32. Registrer's Signature

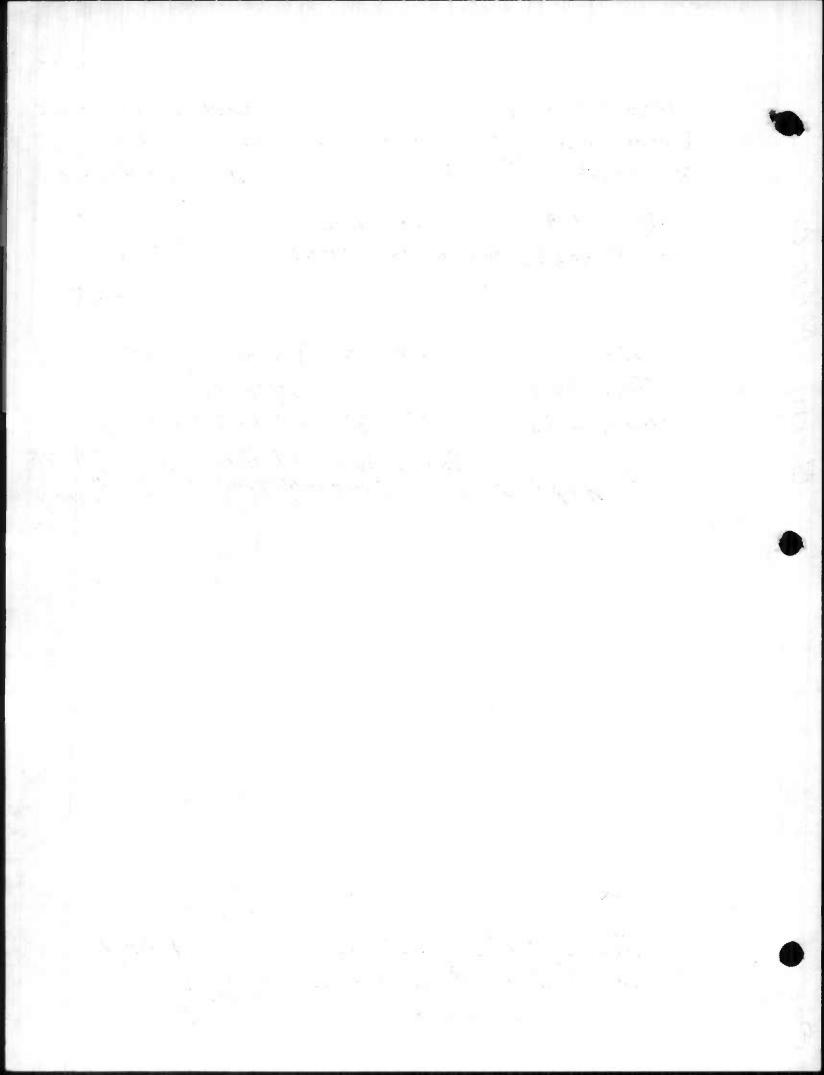
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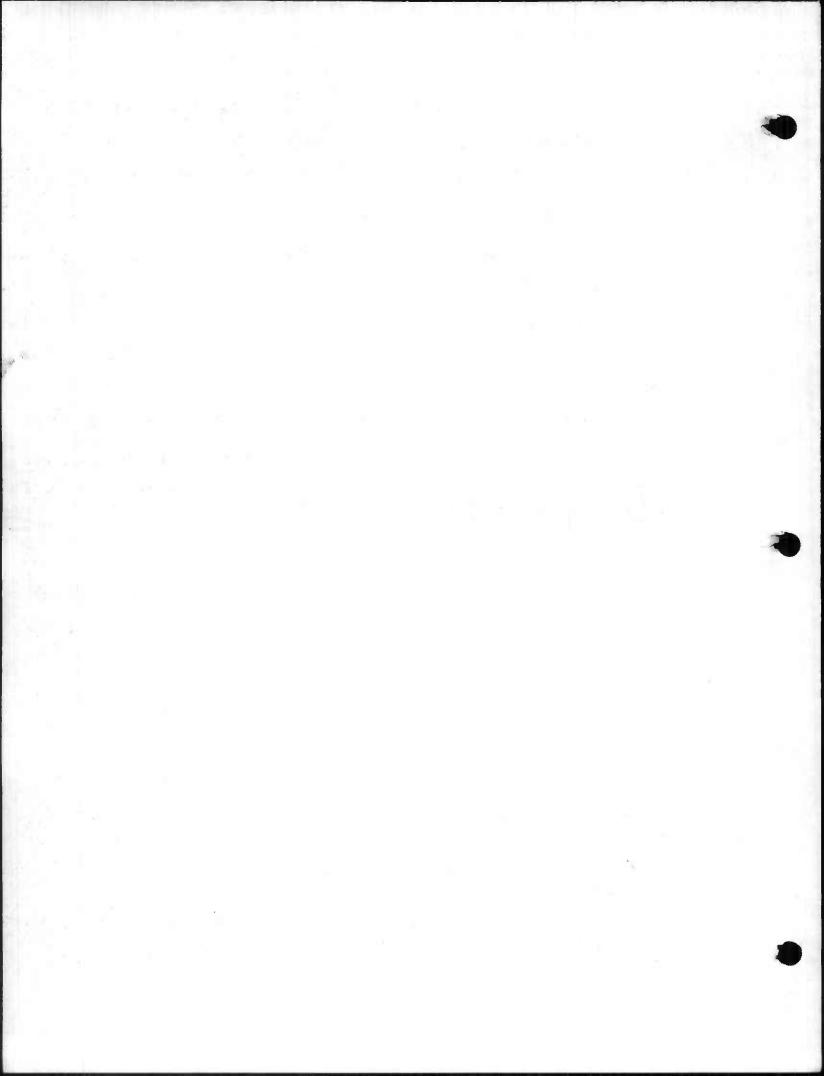
State of Maryland / Department of Health and Mental Hygiene

25950

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Tima of Death **Physician** MALINDA COOPER august F 1935 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location Daath 4c. County of Death Examiner UNIVERSITY HOSPITAL BALTIMORE N/A If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 0 9 / 0 5 / 1 9 5 6 5. Social Security Number If Undar 1 Yaar 9. Birthplaca (Stata or Foreign Country)
Maryland 7. Aga (In yrs. last birthday) **Funeral** Days 1 □ M 2 7 F 216-68-7664 40 Yrs Director Usual Rasidanca of Decedant Pages 1 and 2 should be filed within 72 hours eftar death with the Maryland nent of Health and Mental Hygiene. 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits in and Mental Hygiene. 7 is merked other than "nature!", or items 23s or 28s-f show traumstic event, the Med cal Examiner must be nothed at N/A Baltimore 1 XYas 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 501 W. 21201 Franklin Street U.S.A. Funeral 14. Raca - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar In U,S. Armad Forcas? 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Yas 2 TNo f Yas, Giva Yaer or Datas: 1 Navar Married 27 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Black þ Specify: 3 ☐ Widowed 4 ☐ Divorcad Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collage (1-4or 5+) N/A 12th N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Melvin Sheppard Nettie Jones 2 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Addrass (Streat and Number or Rurel Route Number, City or Town, Stete, Zip Coda) of Health a John Sheppard 348 Shetland Square, Glen Burnie, MD 21061 other 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta 1 X Burial 2 □ Cramation 3 □ Ramoval from Stata = 5 Department of Important: If any injury or Mt. Zion Cemetery 8/27 Baltimore, Maryland 4 Donation 5 Othar (Specify) 22. Nama and Addrass of Facility  $LEROY O \cdot DYETT$ 8 SON FUNERAL HOME, 4600 LIBERTY HIEGHTS AVE., BALTO. 21207 the disease o complications that caused the death. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, and failura. Usus only one cause on each in a Approximete Intarval Batwaan Onsat and Daath Physician AIDS /Medical Immadlata Cause (Finel disaasa or condition resulting In daath) Examiner Due to (or as a consequence of): Examiner monral EMROLISM The law requires that the death certificate be executed the buriel-trensit Sequantially list conditions, if any, laeding to immediata causa. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last pug ENDO CARDITIS Records, P.O. Box 68760, physician Physician/Medical Dua to (or as a consequence of): 8 957 been signed by the etter should be detached for Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Be Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? page 2 certificata 1 Yas Division of Vital temptal or Attending Physician: director, 25. Was casa referred to medical examinar? 26. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 No Certification: To 1 Yas 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mennar of Death 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? After 1 Natural 5 Panding Invastigation 1 ☐ Yes 2 ☐ No 2 Accidant Director: in by the 3 Sulcida 6 Could not be determined 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide metal C 29a. Certifian Certifying Physician: To tha best of my knowledga, daath occurred et the tima, data and place, and dua to tha causa(s) end menner es steted. Medical 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signatura and titla of cartifian 29c. Licansa number 29d. Data signed (Month, Day, Year) pin MP 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) Ampis(, ms 22 S. GREENE'ST WICHERE 31. Data filad (Month, Dey, Year) Ragistrar's Signatura State AUG 27 ul Davidson

**DHMH 16 Rev 6/95** 

Registrar



BENNY CROSS

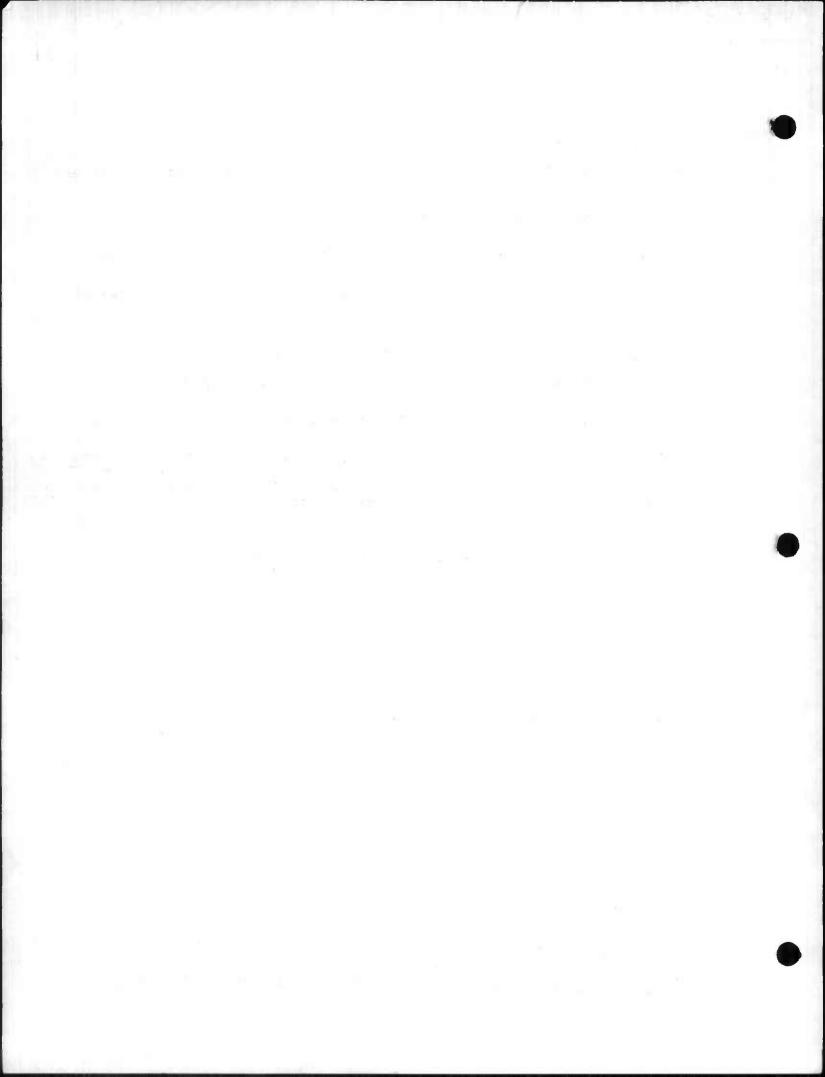
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State of Maryland / Department of Health and Mental Hygiene

ASP Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Deta of Deeth 3. Time of Deeth **Physician** Month Yeer BENNY L. AUGUST 25 1997 1:22 A /Medicai 4e. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner SINAI HOSPITAL BALTIMORE If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 04/17/1941 9. Birthpleca (Stete or Foreign Country)
Maryland 7. Aga (In yrs. last birthdey) **Funerai** Deys HOM 2DF 219-38-0909 56 Yrs. Director Usuel Residence of Decedent 10a. State 10b County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examemer must be notified at 10d. Inside City Limits BALTIMORE WOODLAWN MD Director 1 Tyes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 21207 7203 BROMPTON ROAD death Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 12. Was Decedent Evar in U,S. Armed Forces? Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or then any Injury or other traumatic event. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2 X No Specify: 2 3 ☐ Widowed 4 🕅 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Spacify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Coca Cola Driver 12th 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Ethel Mae Wright Benny Cross 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7203 Brompton Road, Baltimore, MD 21207 Dana Cross 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Stete King Memorial Park Randallstown, MD 5 Other (Specify) 21. Signatur f Funerel Sarvice Licarse 22. Name end Addrass of Facility
LEROY O. DYETT & SON FUNERAL HOME, P.A. 21207 4600 LIBERTY HEIGHTS AVE., BALTO. . 5 har the diseese, or complications that cau, or heart failure. List only one ceuse on and ath. Do not enter the moda of dying, such es cardiec or respiretory errest, Approximete Onset and Death Physician /Medicai Immadiete Causa (Finel Cerebral Itemorrhage diseese or condition resulting in deeth) Examiner Due to (or es e consequenca of): shysician and the burial-transit Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequenca of): Box 68760, attending physician Physician/Medical Due to (or es e consequença of) 98 signed by the at Id be datached for P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Hypertensive Atheroscherotic Candiovasiular 24b. Wara autopsy findings eveileble prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performed? Disease 1 Yas 2 No 1 Yes 2 No Division of Vital 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) examiner? Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 70 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of Oertification: 28d. Dascribe how Injury occurred Attending 1 Neturel 5 Pending or Attending Investigation 1 ☐ Yes 2 ☐ No 2 Accident in by tha 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide the Hospital Zehours Funeral 1 Cartifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medicat Exeminar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) Cotto 9b. Signetura and title of certifier 29c. Licanse number 29d. Dete signed (Month, Dey, Year) AUGUST 25,1997 30. Neme end eddress of person who completed cause of deeth (Itemf-23e) (Type, Print) Strphen 5.
31. Dete filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201 S. Radentz 32. Registrar's Signeture State AUG 27 1997

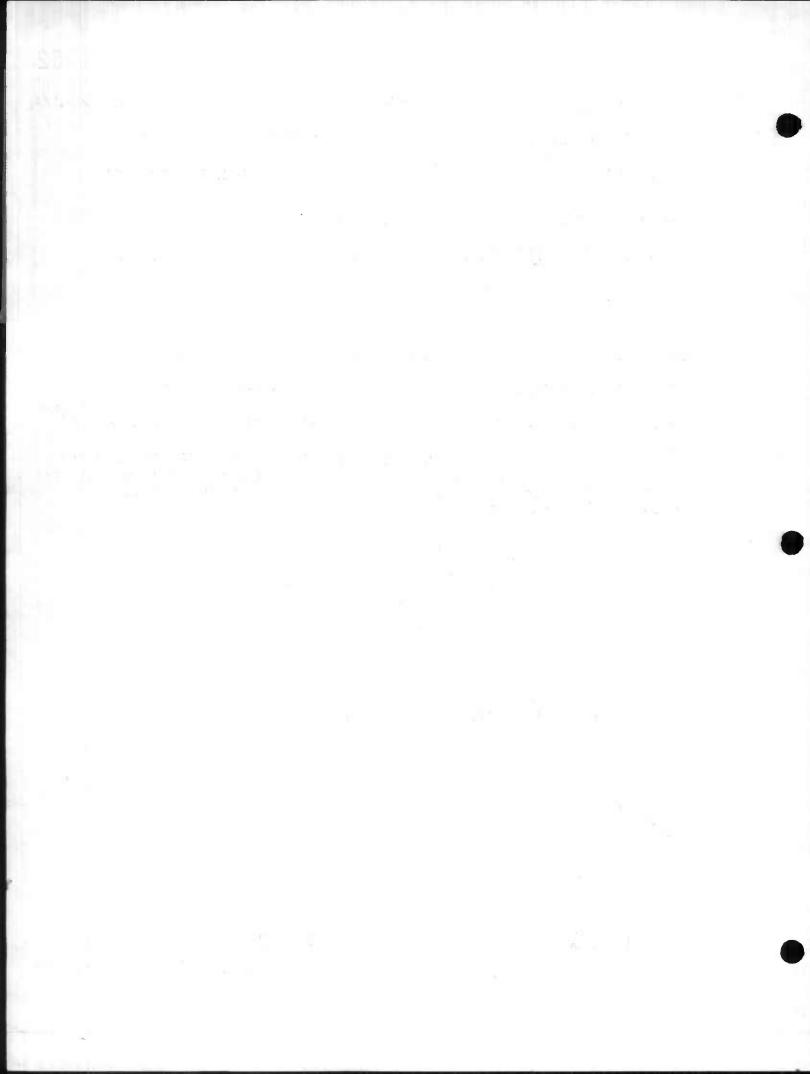
**DHMH 16 Ray 6/95** 



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 11:30 1M Tobert orsev /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner BON SECOUR HOSPITAL BALTIMORE CITY N/A 6. Sex 1 ☑ M 2 ☐ F 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral** 9. Birthplaca (Stata or Foraign Months Deys Hours 45 Yrs. Director 12 1952 MARYLAND 217-54-8428 Usual Rasidanca of Dacedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at XX Yes 2 No Director MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 6 741 N. FULTON AVENUE APT I 21217 Herns 23a U.S.A. death Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas XXNo if Yas, Giva Yeer or Datas: 14. Raca - Amarican Indian, Black, Whita, etc. Wes Dacedant of Hispenic Origin? (Specify Yas or No if Yes, specify Cuben, Maxican, Puarto Rican, atc.) 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examinat once. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas X No Specify: Specify: BLACK à 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadant's Education 16b. Kind of Buainass/Industry (Specify only highast grada complated) Elemantary/Secondary (0-12) Collega (1-4or 5+) 10th grade unemployed none 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be ROBERT LAWRENCE DORSEY SR. GENEVIEVE JOHNSON 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, State, Zip Coda) 741 N FULTON AVENUE, APT 1, BALTIMORE MARYLAND Genevieve Johnson/Mother 20a. Method of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata XX Burlai 2 Cramation 3 Ramoval from Stata 8-30-97 BALTIMORE, MARYLAND ARBUTUS MEMORIAL PARK 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signatura of Embrut Sarvica Licansae 22. Nama end Addrass of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE haart failura. List only ona cause on aach daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, Approximata Intarvai Batween Onsat and Deeth **Physician** /Medical Immediata Causa (Final disaase or condition rasulting in death) **Examiner** Examiner The law requires that the death certificate be executed physician and s the burial-trans Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Box 68760 Physician/Medical Dua to (or as e consequance of): attending for use as Part ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the causs of death? Records, P.O. 1 Nes 2 No 3 Probably 4 Unknown signed i p Completed 24a. Was an autopsy performed? Were autopsy findings avaliable prior to complation of causa of death? paga 2 2 No 1 Yas 1 Yas 2 No certificata Division of Vital Hospital or Attending Physician: 25. Was casa rafarrad to medical Be 26. Piaca of Death (Chack only ona) axaminar? Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 No 1 Yas 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To 27. Manne of Death 28a. Data of injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. injury at Work? Aftar 1 Natural 5 Panding invastigation daath. 1 Yas 2 No 2 Accident after daath Director: 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicida n 24 hours aft e Funeral DI eletaly filled in 29a, Cartifian Certifying Physician: To tha bast of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as statad. Medical pletaly (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Within 2 To the I 29b. Signature and little of certific 29d. Data signed (Month, Day, Year) ad causa of daath (Ham 23a) (Type, Print) HOUNT Royal Au, Ballo 31. Data filad (Month, Day, Yaar) AUG 2 7 1997

State Registrar

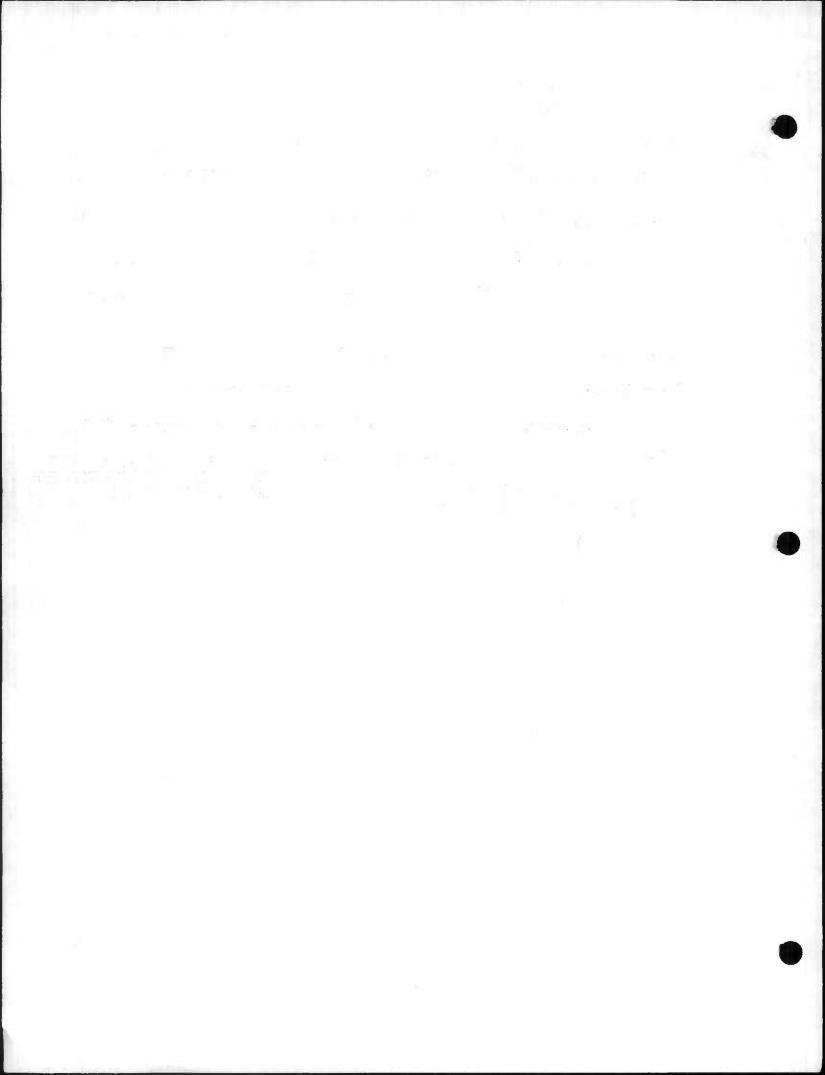
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Н	- 1164		5. Social Security Number 6. S		7. Age (In yrs.	last hirthday)	If Unde	r 1 Year			8. Date of B		N/A	nlaca /	State or Foreign
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0	를 을 급	<del> </del>	27. Menner of Death	28a. Dete	of Injury	28b. Time o		28c. Inju			28d. Describe			ну)	
SION	6 5 5	tio	1 ☑Naturai 5 ☐ Pending 2 ☐ Accident investigation		nth, Day Year)	Injury	М			No					
DIVIS.	To the Hospital or Attendit within 24 hours eiter death. To the Funeral Director: A completely filled in by the fu	Certification:	Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify)												
15	Hospita 24 hours Funeral stely fille	edical C								, date and place, and due to the cause(s) and manner as stated.  Non, death occurred at the time, date snd placa, and due to the cause(s)					
	thing c	Me.										ear)			
	F 3 F 0		Hamled Lew, MD AS2402321-5L-9009 AUGUST 8, 1997												
			30. Name and address of person who	completed cau	se of death (Iter	m 23e) (Type,	Print)								
					HOSPLT										
	Sta	ite			Registrar's Sion										
	Peniet		31. Date filed (Month, Day, Year)	1 - me orac	Jacon-Non	h-free									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ML Items: 23a part I, II, 27 per MEO G-750 8/29/97 dh Coating 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** AUGUST 1997 5:30 PM BARRY MARTIN DAVIS /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FRANKLIN SQUARE HOSPITAL Rosedale BALTIMORE If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Dey, 12/20/ 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 216-66-6008 Yrs **Director** 41 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Maoical Examiner must be notified at 1 ☐ Yes 2 → No Director Baltimore Baltimore eut 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5341 Hollowstone Circle 21237 U.S.A. Funeral 12. Was Decedent Ever In U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 12 Yes 2 No 1974 - If Yes, Give Year or Dates: 1983 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Caucasian Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 1/2 year Retail Sales Food permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic avent 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Robert Davis Martin Lena Marie Ayers 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Stephanie Davis/Wife same as #10 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Jarrettsville Cem. 8/20/97 Jarrettsville, Md. 22. Name and Address of Facility
Kurtz Funeral Home, P.A. 21. Signature of Funeral Service Licensee len Jarrettsville, Maryland 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each incomplication. Approximate Onset and Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Box 68760 The law requires that the death certificate be Physician/Medical Due to (or es e consequenca of): attending p Part II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed t CHRONIC ALCOHOLISM Records, p 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed peed completion of cause of death? page 2 s Yes 2 No Division of Vital or Attending Physician: after death. Director: After this certific Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 X Yes 2 No 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1XXNatural 5 Pending 1 TYes 2 No 2 Accident Investigation 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29s. Cartier (Check o 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.

\*\*X\*\*Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 79b re and title of certifier 29c. Licanse number 29d. Date signed (Month, Dey, Year) AUGUST 18,1997 O.C.M.E. Test ress of person who completed cause of death (Item 23a) (Type, Print) ARON LOCKE MO 111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Dey, Yeer)

32. Registrar's Signature

Luka Davidson

E s line -p s T-25th 4-1-57 

State of Maryland / Department of Health and Mental Hygiene 97

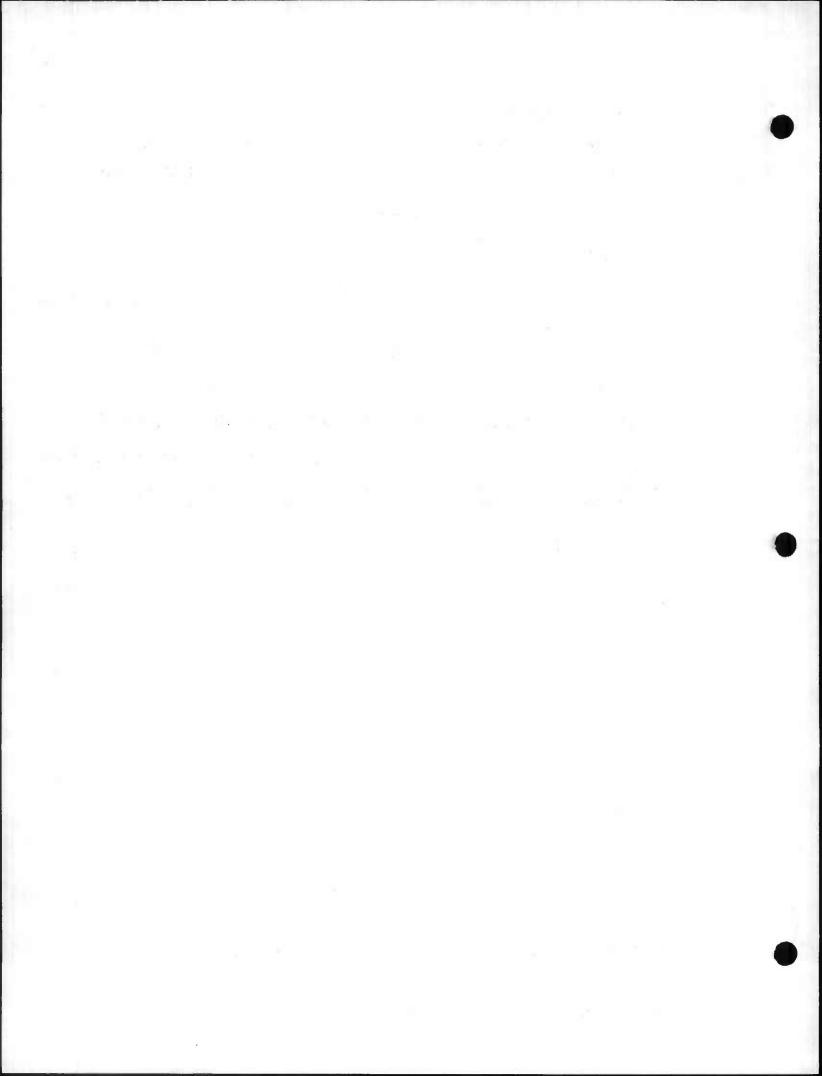
				Certificate o			Reg. No.	7 25955
	Physic /Medi		1. Decedent's Name (First, Middle, Last)	Eldridge	e	2. Dete of Dee Month August		3. Time of Deeth 10:50 P.M.
	Exami		4e. Feclity Neme (If not institution, give street end number) GOOD SAMARTIN HOSPITAL		4b. City, Town, or Lo	ocation of Death		
	Funeral Director		5. Sociel Security Number  216-10-4207  G. Sex  15 M 2 F  88  Y  Usual Residence of Decedent	hdey) If Under 1 Yea Months Dey		8. Dete of Birt (Month, Det AUG 19		Birthplece (State or Foreign Country) VA
	Aaryland f show	or	10a. Stete 10b. County 10c. City, Town MD N/A					10d. Inside City Limits 11☑ Yes 2 ☐ No
	vith the N	Director	10e. Street end Number	BAI 10f. Zip Code			10g. Citizen of Who	- 11
020	in 72 hours effer death with the Maryland "natural", or items 23a or 28a-f show ledical Examiner must be notified at	by Funeral	4612 NORTHWOOD DR  11. Marital Stetus  1 □ Never Merried 2 ☑ Married  3 □ Widowed 4 □ Divorced  12. Wes Dacedent Ever in U,S. Armed Forces?  1 □ Yes 2 □ No If Yes, Give Year or Dates:	13. Was Decedent of If Yes, specify Cu	239 I Hispenic Origin? (Spuben, Mexican, Puerto o <i>Specity</i> :	ecify Yes or No- Ricen, etc.)	510014	Americen Indien, White, etc.
21215-0020	yiene.	Completed	6th N/A	Decedent's Usuel Occ (Give kind of work don life. DO NOT use retii STEEL WOR	RKER			ness/Industry
land	should be filed ad Mental Hygis marked other matic avent, II	To Be	17. Father's Neme (First, Middle, Last)  JOHN EDWARD ELDRIDGE		18. Mother's Name		mbeks	
Maryland	2 6 6 6			Mailing Address (Strate 4612 NORT	at and Number or Run	el Route Numbe	r, City or Town, St	
Baltimore,	Pages 1 and nent of Health int: If Itam 27 ary or other th		20e. Method of Disposition  1 Tr Buriel 2 Cremetion 3 Demoyei from State  20b. Piece of cemetery	Disposition (Neme of y, cremetory or other p.	lece) A	UG 23	20c. Location - Ci	ty or Town, Stete
Balti	permit, Pages Department of Important: If i any injury or once.		21. Signeture of Fidneyal Service Licensee	22. Name end Add	19	TTS FU	ARBUTUS NERAL H	IOME
	Physician		23a. Pert1. Enter the disease, or complications that caused the deeth. Do no shock, or haart failura. List only one cause on each line.					Approximete intarval Between Onset end Deeth
	/Medical Examiner		Immedieta Ceusa (Final diseese or condition resulting in deeth)  a. My o cay dia Dua to (or es e ci	In farct	, sn			8 hours
	suted id ensit	Examiner	6. Coagylopa					8 hours
68760,	rificate be executed ig physician and es the burial-transit	edicai	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest  Oue to (or es e co					8 hours
Box	the death can y the attendir sched for use	Physician/M	d.			ach But		
, P.O.	that bed b	by Phys	Pert II. Other significent conditions contributing to death but not resulting in	the underlying cause (	given in Pert I.			ibute to the cause of death?  ☑ Probably 4 ☐ Unknown
ecords	2 0 0	Completed b	Renal failure			24e. Wes e perfor		24b. Ware autopsy findings eveilebla prior to complation of ceuse of deeth?
tal R	The ate h		25. Wes cese rafarred to medicel			1 🗆 Y		1 ☐ Yes 2 No
Division of Vital Records,	our afterding Physicien: our afterdeath. seral Director: After this certific	ation: To Be	exeminer? 1 ☐ Yes 2 ☒ No Hospital: 1 ☒ Inpatient 2 ☐ ER/Out₁ 27. Manner of Deeth 28e. Dete of Injury 28b. Ti	ime of jury 28c. Inj		me 5 Resid	ance 6 Other ow injury occurred	
Divis	a or Atternation and Institute of the In	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28a. Place of Injury - At home, fam building, etc. (Specify)	m, straat, fectory, office	0	28f. Location (S City or Tow	itreet end Number n, State)	or Rurel Route Number,
/	e Hespita n 24 hours e Funeral	dicai	one) end manner steted.	e, and due to the ceusa(s) end mannar as stated.  urred et tha time, data end place, and due to the cause(s)				
1	1A: 1)	Me	30. Name and addrass in an who complated cause of death (Item 23e) (1)  Good Samaritan Huspital, 560  31. Data filled (Month, Day, Yaar)  AUG 2 1997  Jan Begishar's Signaturian	29c. Licer	nse number	4	29d. Date signed (/	Month, Dey, Year)
X.	1		30. Name end eddrass of the name of the stat	Type, Print) J. hu	Jousset	, MO	ruguse, 1	7,1991
	10		Good Samaritan Huspital, 5601	Loch Rav	en Boyle	vard, B	altimor	c, MB 21239
	Sta Registr	te ar	AUG 27 1997	lacare.				

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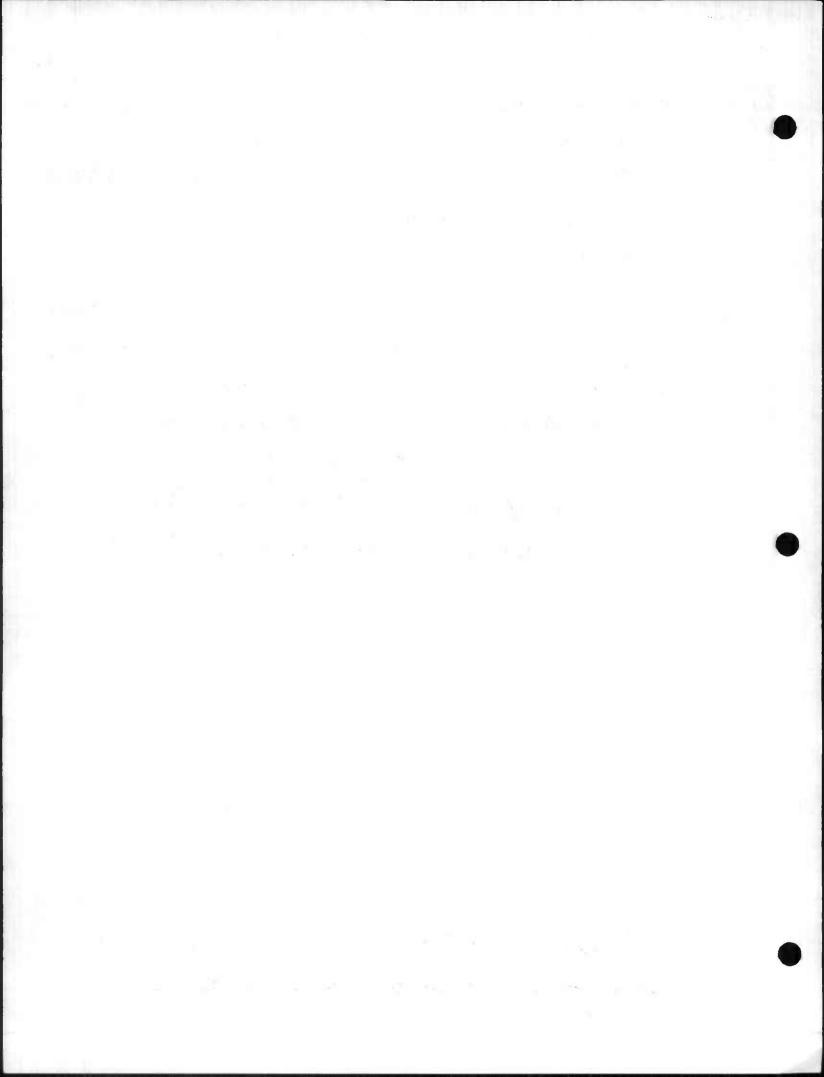
					Cer	tificate	e of	Death		Reg. No.	Los &	0000
Physicia	_	1. Decedent's Name (First, Middle, Las	t)						2. Date of Dec	-	Year	3. Time of Death
/Medica		SARAH FRES	MAN						AUGUST		997 6	6:33 pm
Examine	_	4a. Fecility Name (If not Institution, give	street and number	)			-	4b. City, Town, or L				TELL
		SINAI HOSPITAL O	F BALTIN	NORE				BALTIMO		N2	4	
Funeral Director		210-20-1300		ge (In yrs. la: 79	st birthday) Yrs.	if Under Months	1 Year Days	if Under 24 Hrs. Hours Min.	8. Date of Birt Month, Da JULY4,	h 1918	9. Birthplac NORTH	ce (State or Foreign CAROLINA
D .		Usual Residence of Decedent  10a. State 10b. County		10c City	Town or Loc	eatlon					101	Laste Challen
lined with 72 hours after death with the Maryland Hygiens Hygiens 23a or 28a-f show ther than "natural", or items 23a or 28a-f show ont, the Medical Exactinet must be notified at	5	77.22			TIMORI						100.	I. Inside City Limits  1 1 Yes 2 □ No
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23a or	Funeral Director	2501 VIOLET AVE.			,	10f. Zip 212	15			USA	What Country	7
P. C.	۾	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces' 1  Yes 2 1 if Yes, Give Year or Dates:	Ever in U,S. ? No	. 13. W	Vas Deced Yes, spec		lispenic Origin? (Spen, Mexicen, Puerto Specify:	pecify Yes or No- p Ricen, etc.)		e - American ck, White, etc AFRO. Al	
atura B	Completed	15. Decedent's Ed	ucetion		16a. Deced	ent's Usua	Occup	atlon		16b. Kind of B	usiness/indus	stry
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	E O	12	College (1-40)	54)	HOM	EMAKE	R			HOME		
エカモ	Be	17. Father's Name (First, Middle, Last)						18. Mother's Nam	e (First, Middle,	Maiden Suman	ne)	
and Mental s marked o sumatic eve	0	JACK COLEMAN ROSA COLEMAN										
am el		19a. Informant's Name/Relationship (Type, Print)  19b. Malling Address (Street end Number or Rural Route Number, City									State, Zip Co	ode)
E CV L		KATHREEN HARRIS	NIECES		2501	VIOLE	TA	VE,APT100	9 BALTI	MORE, M	ARYLAN	D 21215
		20a. Method of Disposition		20b. Pla	ce of Dispos	ition (Nam	e of	ce)	Date	20c. Location -	City or Town	, Stete
II O		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hemoval from State )					AL CEM. 8	3/29/97	BALTIMO	RE, MA	RYLAND
Important: If it any injury or once.		21. Signeture of Funeral Service Licens	14 21/2	_	ES.	Name and	Addre ROT	ss of Facility HERS FUNE	RAL HOM	E,P.A.		
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voleian		23a. Part I Enter the disease, or comp shock or heart failure. List only of	one cause on each l	Me.	DO HOUSE		, o. o,	ig, odor do cordido	or reapprotory or	1000,	In	iterval Between
ysician Iedical	1	Immediate Cause (Final	1.	0			-					000/
aminer	4	disease or condition resulting in death)	e. HUITE	fuen	non ar	Y	108	MA				DIFY
	-		e. Acure	Due to (or e	e consequ	uence of):	0				i	
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		Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events	C	Due to for a								
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igned by the a	Physician	Part II. Other significant conditions co	ntributing to death b	out not resulti	ing in the un	derlying ce	euse giv	en in Pert I.		/		ne cause of death?
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id be	ם ם								24a Was	an eutopsy	24b. Were	autopsy findings
should	Сощріетед									rmed?	evaila	able prior to eletion of ceuse
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Director: After the order of the funeral order orde	Sation:	27. Manne of Death  1 Neturel 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da	ary Year) 2	8b. Time of Injury	M 28	Bc. Injur Wor	y et k? Yes 2 □ No	28d. Describe t	ow injury occur	red	
in Birect of in by	Certifi	3 Suicide 8 Could not be determined	286. Place of in	jury - At hom lc. <i>(Specify)</i>	ie, farm, stre	et, factory,	, office		28f. Location (8 City or Tox	Street and Numb m, Stete)	er or Rural R	oute Number,
	edicar	29a. Certifier (Check only one)	raician: To the best iner: On the basis of end manner st	f examinatio	edge, deeth n and/or inve	occurred a estigation,	t the tin	ne, date and place, pinlon, death occur	end due to the cred at the time,	cause(s) and ma dete end plece,	anner as state and due to th	e cause(s)
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6		30 Warms and eddress of person who c					~	or an-		n Aa .c .		
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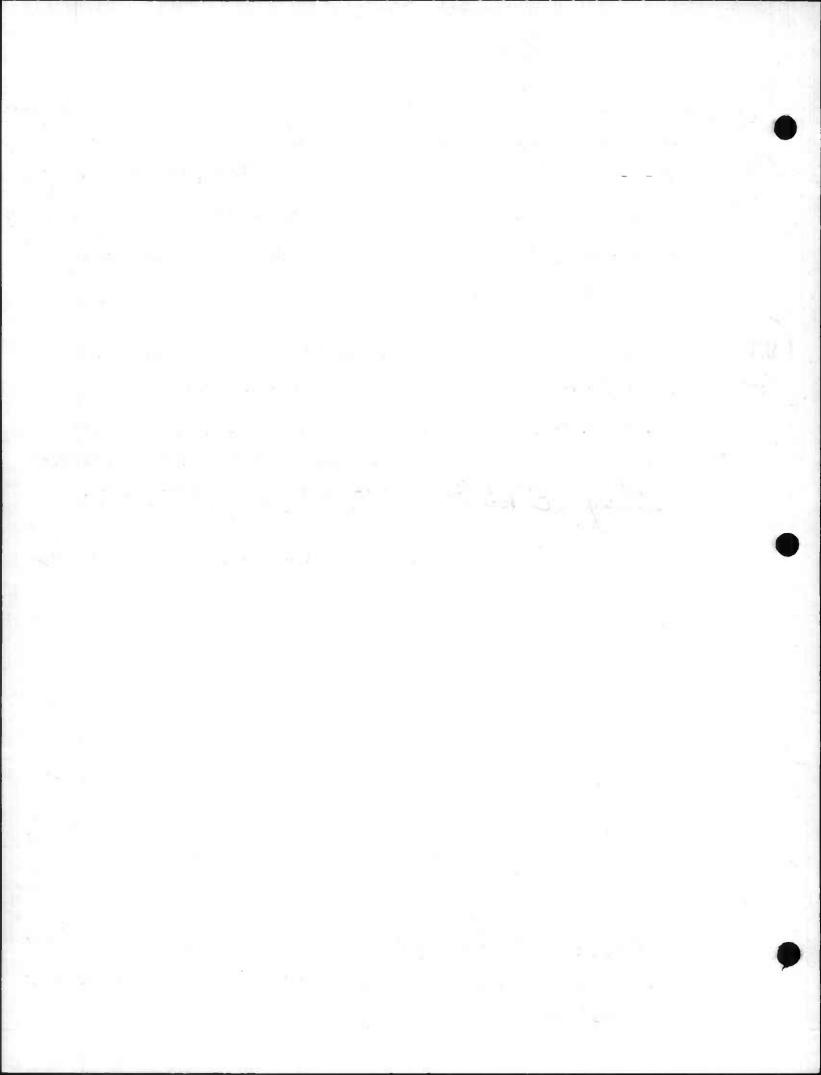
					Cert	ificate o	f Death		Reg. No.		
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Examir		4a. Facility Nama (If not institution 1430 HOLLINS S		nbar)			4b. City, Town, o	or Location of Dea	ath 4c. County		
uneral irector		5. Social Sacurity Number  228-38-7002  Usuel Rasidence of Decedent	6. Sex 1   M 2 □ F	7. Age (In yrs. last b	Yrs.	If Under 1 Yes Months Day		in. (Month, L	Sirth Day, Year) 126,1935	9. Birth Cou V I	place (State or For ntry) RGINIA
of show	tor	10a. State 10b. County MD N/A		10c. City, Tov	wn or Loca						10d. Inside City Llr
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if, or items 2:	by Funeral Director	11. Marital Status  1 X Never Marriad 2 Marr 3 Widowed 4 Divorcad	12. Was Deca Armed For	2 □ No e	1		f Hispanic Origin? uban, Maxican, Pu	(Specify Yes or Narto Rican, etc.)		ce - Ameri ck, White,	can Indian, etc.
lam 27 is marked other than "natural", or flems other traumatic event, the Medical Examinal m	Completed	15. Deceden (Specify only highar Elementary/Secondary (0-12)	's Education It grade completed) College (1	-4or 5+)	(Give ki	int's Usual Occ ind of work dor ONOT use reti	upation e during most of v red)	vorking	16b. Kind of B	usiness/in	dustry
marked other than matic event, the M	To Be C	JOSEPH CAIN  18. Mother's Name (First, Middle, Meiden Sumeme)  ELLEN FLOWERS									
27 is me or trauma										, Stete, Zij	o Code)
important: If Rem 27 any injury or other to		20a. Method of Disposition  1 N Burial 2 Cremation  4 Donation 5 Other (S		States cemete	ery, creme	ition (Neme of etory or other p CEMETER	,	UG. 28,97	20c. Location BALTO.		own, Stata
		21. Signature of Funerat Service	scenege - K	4/16/			Gass of FUNERAL HOME P.A.  AW PLACE BALTO. MD 21217				
physician and a the burial-transit	edical Examiner	disease or condition resulting at death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events reauting in death) Last	a	Due to (or as a  Due to (or as a	s conseque	ence of): ence of):					
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s been signed 2 should be d pleted by	p p							per	ection	6/	Vere autopsy finding vallable prior to omplation of caus of deeth?
at the death.  In Director: After this certification by the funeral director.  Certification: To Be		25. Was case referred to medical					26 Place of F	1 E	Yas 2 No	1	Yas 2 No
		examiner? XX Yes 2□ No	Hospital: 1 🗆 le	npatient 2 ER/O	Outpatient	a□ DOA G	Wher:		sidence 6 □Ott	ner (Speci	ify)
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Selaty Selaty	edical	29a. Certifier (Check only one)  29a. Medical Examiner: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as (Check only one)  1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as (Check only one)  2 Medical Examiner: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as (Check only one)									
S S S	W	29b. Signature and title of certifier	D. Win	W MD			.M.E.		29d. Date signe AUGUST 2		
0 Sta		30. Name and address of person  Donald G. Wrigh  31. Date filed (Month, Dey, Year)	t M.D.		n Sti		altimore	, Maryla	and 21201		



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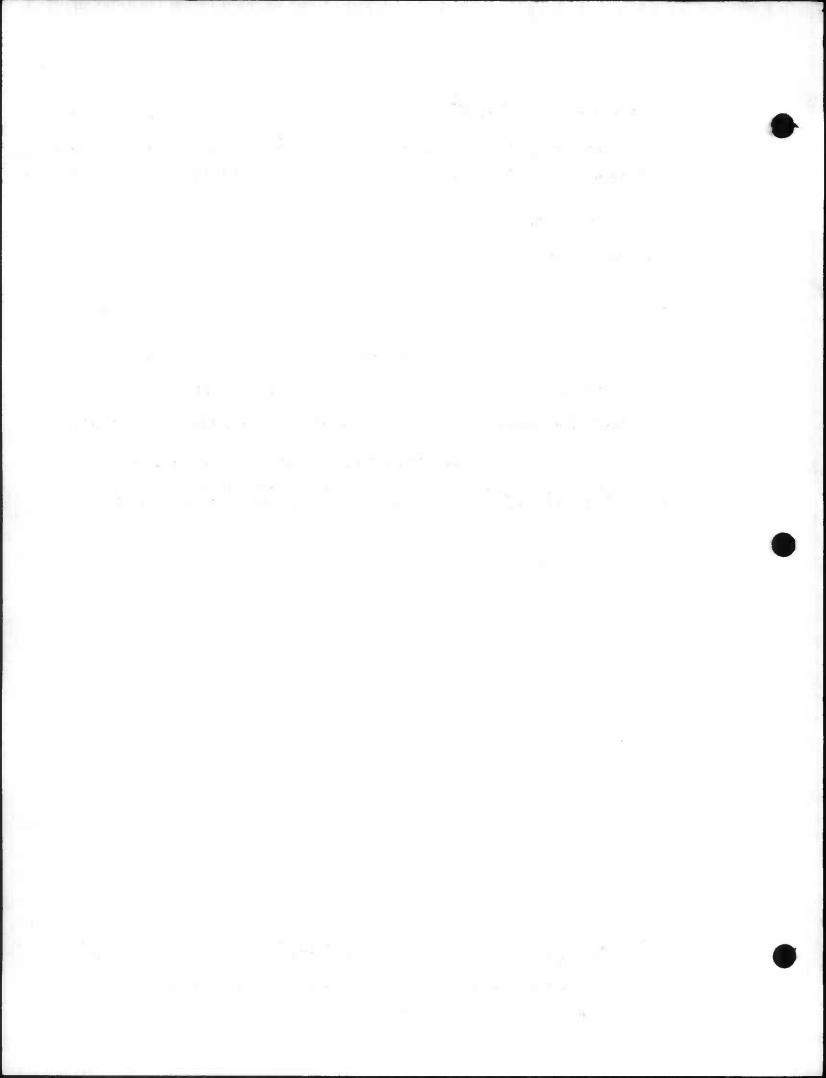
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Social Security Number   S. Sex   T. Age (in yrs. lest birthday)   H. Under 1 Year   T. Age (in yrs. lest	f Death	Re	ig. No.	23930
Medical Examiner		2. Dete of Deeth Month	n Dey Ya	3. Tima of Death
Funeral    Security Number   100   1		August	23 19	
Supplementary   Fundamentary   Supplementary	4b. City, Town, or Lo		4c. County of D	
Security   10c. City, Town or Location   10c. City, Town or Location   10c. Street and Number   10c. Street and Number   10c. Street and Number   10c. City, Town or Location   10c. Zip Code   13.02 Ballard   Way   11c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Martial Status   12c. Was Decedent Ever in U.S. Armad Forcase   12c. Was Decedent Status	Baltin		Bult	more
100. Street   100. County   N/A   100. City, Town or Location   100. City		8. Date of Birth (Month, Dey, July 3,	9. 1930 Te	Birthplece (Stete or Foreign Country) NNCSSCC
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Immediate Causa (Final disease or condition resulting in death)   Due to (or es e consequence of):	e Ave. Du	ndalk. M	laryland	21222 Approximate
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28c. Injury (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Import (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Dete of Injury (Month, Dey Year)  28d. Dete of Injury - At home, farm, street, factory, office building, atc. (Specify)  28d. Dete of Injury - At home, farm, street, factory, office building, atc. (Specify)  29d. Certifier (Check only one)  29d. Signeture end title of certifier  29d. Signeture end title of certifier  29d. License	26. Plece of Deeth	h (Check only one	e)	
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			State of M	Marylan		artment of <i>rtificate of</i>		nd Mental Hy	ygiene 9	7 25959
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Exam	iner -	5. Social Security Number 6.	Janor Ni	LY SCAL age (In yrs.	last birthday)	n e If Undar 1 Yaa Months Days	CATO	m, or Location of Dea	th 4c. County	
Directo		217-14-9806 Usual Residence of Decedent	1□ M 2 7 F	87	Yrs.	, months of buy	110010	JAN 1:	3,1910	BALTIMORE, MI
hend hend		10a. Stete 10b. County		10c. Cit	y, Town or Lo	cation				10d. Inside City Limi
Man	ţ	MD BALTIM	ORE		CATO	NSVILLE				1 🗆 Yas 2 📉
or the	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Country?
23a	100	406 CHALFONTE DRI	VE			2	21228		U.S.A	
be filed within 72 hours after death with the Maryland ital hygiene. d other than "natural", or itams 23a or 28a-f show avent, the Medical Exeminal must be notified at	by Funeral	11. Merital Stetus  1 Never Merrled 2 Merried  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 ☐ Yas 2 ☑ If Yes, Give Yaer or Datas	? ] No		Wes Decedent of If Yas, specify Cul 1 ☐ Yes 2 ☑ No		in? (Specify Yas or N Puarto Rican, etc.)	o- 14. Rec Bta Specif	ce - American Indien, ck, White, etc.
72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ada completad)		(Give	dent's Usuel Occu kind of work done	during most	of working	18b. Kind of B	usiness/Industry
d within 72 hours at glene. or than "natural", or in Medical Exem	du	Eiementery/Secondery (0-12)	College (1-4or	5+)	life.	DO NOT use retin	ed)		-	
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death certificate be asscuted e attending physician and of for use es the burlet-transit	dical Examiner	Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events	b		r as a consec					
leath certificate attending phy	Physician/Media	resulting In death) Last	d	Dua to (or	r es a conseq	uance or):				
the att	sicis	Pert II. Other significant conditions of	ontributing to death	but not resu	uiting In the u	nderlying cause g	iven in Pert i.	23b. Did	I tobacco use co	entributa to the cause of deat
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or Attan aftar deal Director:	Certification:	3 Suicide 6 Could not b	e 28e. Piece of in	njury - At ho etc. (Specify	oma, ferm, str	eet, fectory, office		28f. Location	(Street and Numi own, State)	ber or Rural Route Number,
For he Hospital or Attanding Physics 24 hours after death of the Funeral Director: After this completely filled in by the funeral	edical C	29e. Certifier 1 Certifying Pt (Check only one) 2 Medical Example 1	ysician: To the best niner: On the basis of end menner s	of examinet	wiedge, deeth	occurred et the trestigetion, in my	ime, dete end opinion, deeth	plece, and due to the occurred et the time	cause(s) end m , dete and plece,	anner as steted. and due to the cause(s)
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			wast t			DI	966	)	Avg. 2	13,897.
		30. Name and address of person who DR. MICHAEL SCHWA				,	AT.TTMOD	E. MD 2	1225	
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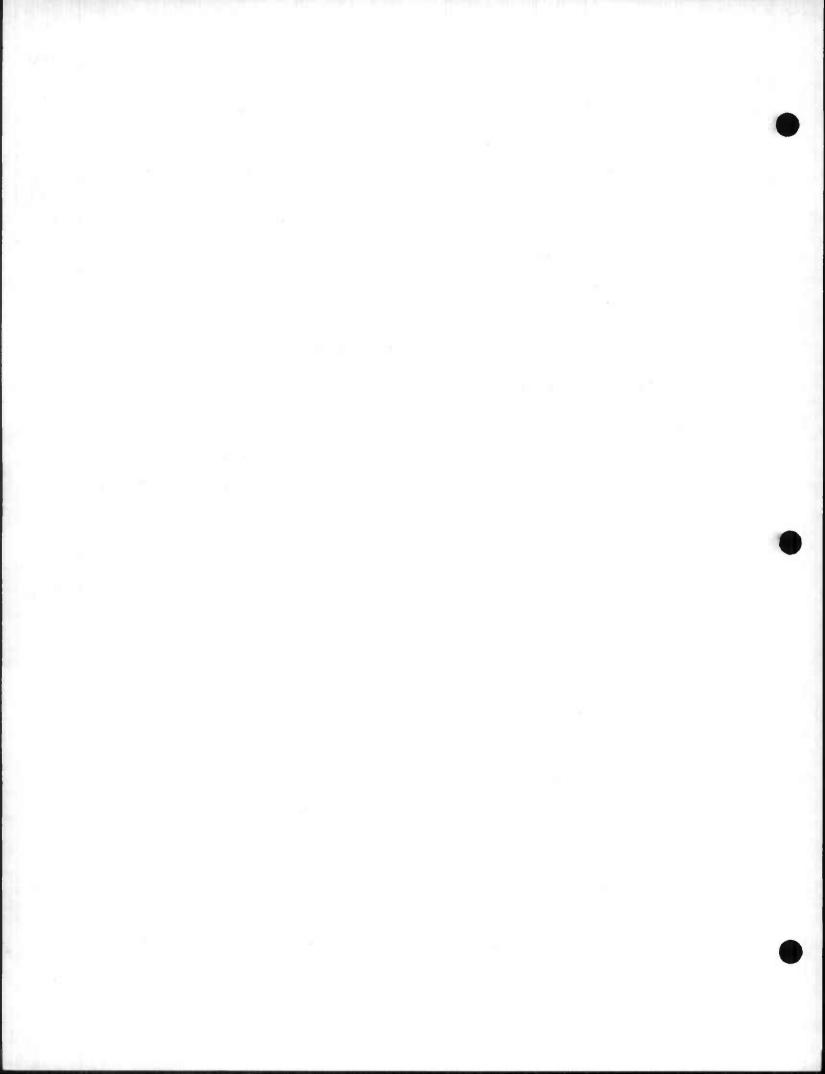
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State of Maryland / Department of Health and Mental Hygiene

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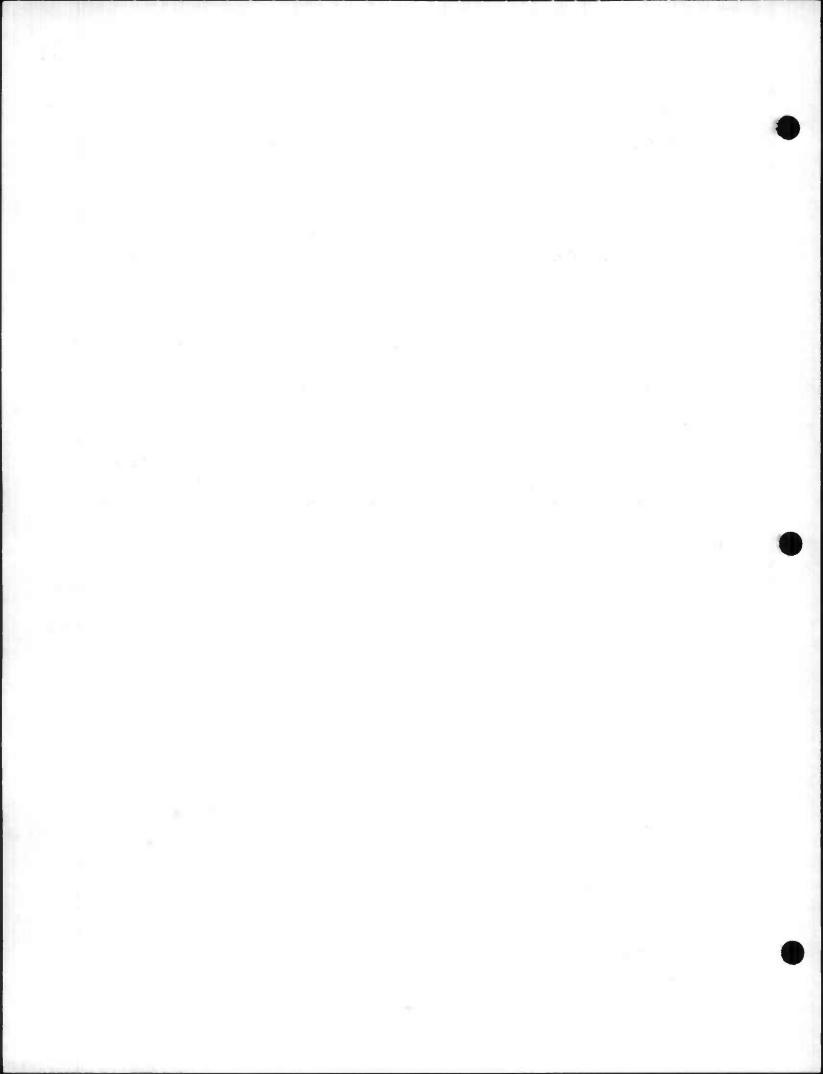
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	Funeral Director		5. Social Security I  218-30-  Usual Residence of	4758	6. Sax 12 M 2 F	7. Age (In yrs. 61	lest birthday) Yrs.	If Under Months	Days	If Under Hours	Min.	8. Data of B (Month, D 1AY 1	ev. Yaar)	Com	placa (Stata or Foreign htty) MD
	ath with the Maryland 23a or 28a-f ahow	tor	10a. Sieta MD	10b. County	N/A	10c. Cit	y, Town or Lo	ocation		BA	LTO			1	0d. insida City Limits 1 ☐ Yas 2 ☐ No
	th the	Director	10e. Street and Nu	mber				10f. Zip	Coda				10g. Citizan o	of Whet Cour	ntry?
5-0020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show added Examiner rest to rectine at	by Funeral	2014 AS 11. Marital Status 1 Navar Mari	riad XXMarrie	12. Was Dec Armed F	2 🗆 No		Was Dace	cify Cuba		gin? (Spe n, Puerto f	city Yes or N Rican, atc.)	o- 14. A	S.A. aca - Amaric lack, Whita,	can Indien, atc.
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Privation (Action of Day 1947)  A Facility Name (Foot inflation)  Found (Action of Day 1947)  A Facility Name (Foot inflation)  Found (Action of Day 1947)  A Facility Name (Foot inflation)  Foot Security Number (a Sex 17 April 1947)  Foot Security Number (a Sex 17 April 1947)  Foot Security Number (a Sex 17 April 1947)  Foot Security Number (a Sex 17 April 1947)  Foot Security Number (a Sex 17 April 1947)  Foot Security Number (a Sex 17 April 1947)  Foot Security Number (a Sex 1947)  Foot Security Num			
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Elementary Decordancy (9-12) College (1-to-5-) DETAILER    15. Mother's Name (Pint, Middle, Meiden Sumame)   195. Making Address (Street and Number of Part)   196. Making Address (Street and Numbe	dian,		
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232 Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest.    Application   Part			
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Peri II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.    1   Yes   2   No 3   Probably			
24e. Was an eutopsy performed?  24b. Were at available complete of death available com			
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25. Was cese referred to medical examiner?    1	2 □ No		
29a. Certifier (Check only one)   29a. Certifier (Check only one)   29a. Signature and title of certifier   29b. Signature and title of certifier   29b. Signature and title of certifier   29b. Signature and title of certifier   29c. License number   29c. License number   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29d. Date signed (Month, Dey, At 1)   29	-		
27. Menne of Death 1 Meturel 2 Accident 3 Suicide 4 Homicide  28e. Place of Injury - At home, farm, street, factory, office  29e. Certifier (Check only one)  29e. Certifier (Check only one)  29e. Signature and title of certifier  29b. Signature and title of certifier  29c. License number  28d. Describe how Injury occurred Work? 1 Yes 2 No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No  28d. Describe how Injury occurred No			
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29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Dey, One)  29d. Date signed (Month, Dey, Dey, One)	te Number		
29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey,  042892  AUG 21 19	euse(s)		
	29d. Date signed (Month, Dey, Yeer)		
	197		
30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)  98 N BROADWAY SVITE 307 BACTMIONE, NID 21231			

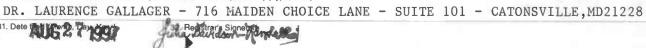
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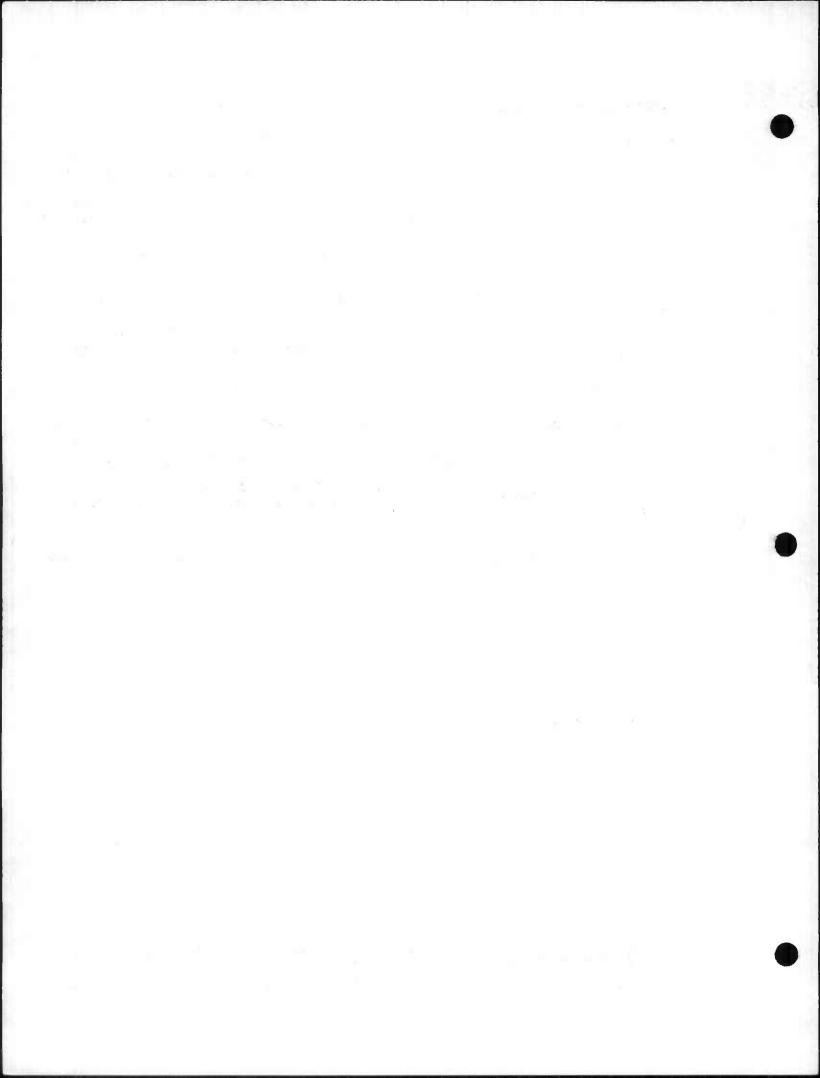


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Exam	niner		EN CHOIC						CATON			Deetn		y of Deeth BALTIM	OPF
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or 20	Director	10e. Street end Nu	mber				10f. Zip	Code				10	g. Citizen of		ry?
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Mental arked o	To Be	PIUS L. HEMLER						KAT	HERI	INE M	1cGEF	7			
BBG	-	19e. informent's Name/Reletionship (Type, Print)  JOSEPH L. HEMLER, JR (SON)				19b. Mailing Address (Street and Number or					ERINE McGEE  or Rural Route Number, City or Town, Stete, Zip Code)				Code)
Haalth ar		JOSEPH L						TILLE, MD 2163							
Department of Haal Important: If item 2 any injury or other		20a. Method of Disp		·		Plece of Disponentery, crea	osition (Nen	ne of	na)	T	Dete	2	20c. Location	- City or Tow	vn, Stete
TY OF			☐ Cremetion 3 ☐ 5 ☐ Other (Speci		otate	ODLAWN				18	3/27/	97	BALT	IMORE	
Inju		21. Signeture of Fu			110	2:	2. Name en	d Addre	ss of Fecilit	by					
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vsiciar	,	23a Part Entarti	the disease, or con art failure. List only	nplicetions thet ce ona cause on ee	oused the deet ech lina.										229 Approximete intarval Between Onset end Death
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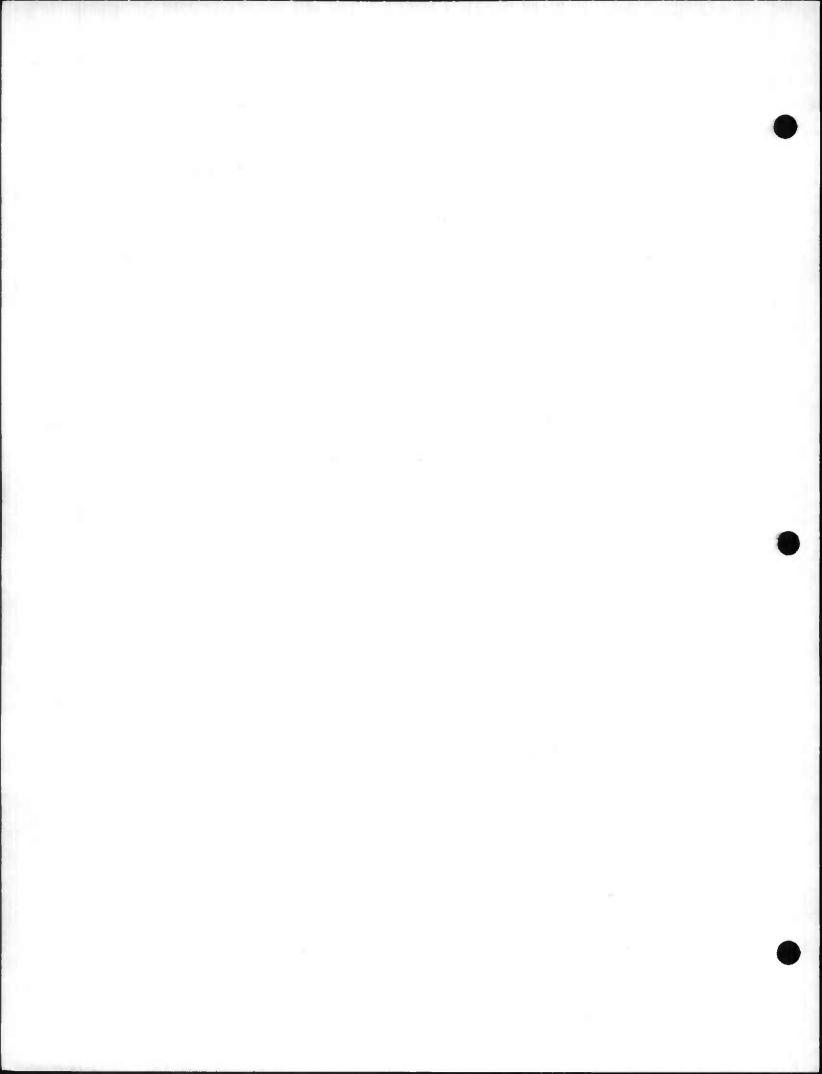


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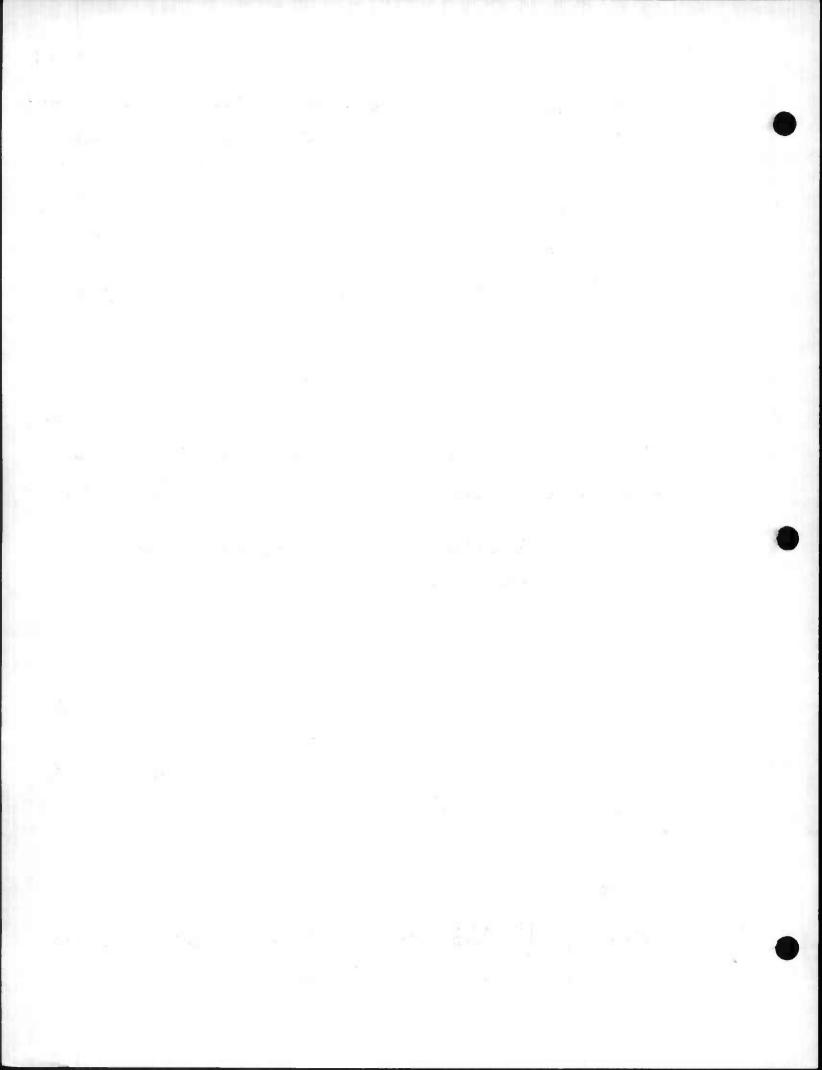
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	Physic /Medi		Decedant's Nama (First, Middla, Last)     WALTER JAMES H	ARDESTY, SR.				2. Dafa of Death	h	7 <sup>Yaar</sup>	3. Time of Death 5:21pm
	Exami		4a. Facility Nama (If not institution, giva st BAYVIEW MEDICAL CE				4b. City, Town, or L BALTIMO		4c. County	of Death	14 37
	Funerai Director		5. Social Sacurity Number 6. Sax 218-14-9582	7. Aga (In yrs. las	t birthday) 2 Yrs.	If Undar 1 Yaa Months Day:	r If Undar 24 Hrs. s Hours Min.	8. Data of Birth JULY 3,1	89975	9. Birthple	aca (Stata or Foreign PAND
	Maryland H show	tor	Usual Rasidance of Dacedant  10a. Stata 10b. County  MD CITY	10c. City, T		eation E CITY				10	od. Insida City Limits
	3a or 28a	Funeral Director	10e. Street and Numbar  15 SOUTH POTOMAC S			10f. Zip Coda 2122		10	og. Citizen of V		ry?
020	72 hours after death with the Manfand natural; or items 23s or 28s-f show dies Examiner must be notified at	by	11. Marital Status 11.  1 Navar Married 2 Married 3 Widowed 4 Divorced	2. Was Decedanf Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:		Was Decedant of f Yas, specify Cu	Hispanic Origin? (Sp ban, Maxicen, Puarto Specify:	pecify Yas or No- Rican, atc.)	Biad	e - Amarica k, Whita, a	ntc.
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Baltir	permit. Pages Department of It Important: If Ite any Injury or of		21. Signalum of Funaral Sarvice Licensaa	Selingh	22 L	Nama and Add		C. FUNER	AL HOME	5	
	Physician /Medical Examiner	Examiner	23a. Part1. En wha disaasa, or complice shock, or leaf feilure. List only one Immediata Causa (Finel disaasa or condition rasulting in death)	Sepsis	s e conseq	uance of);			isf,	-	Approximate interval Between Onsat and Death  Ueek  Sueek
Box 68760,	requires that the death certificate be executed seen signed by the attending physician end hould be detached for use as the buriel-transit	Medical	Sequantially list conditions, if any, leading to Immediate ceuse. Enter Underlying Causa (Disease or injury thet Initiated avants rasulting in dealh) Last  d.	Dua to (or as			infection				yrs
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	with Vide	Me	29b. Signatura and litia of certifiar	WO			nsa number 26206	29	ed. Data signed \$\{\mathcal{Z}\}	3 (Month, D	
	Sta Regist		30. Nama and eddrass of person who com  ER ( E ( E ( )  31. Date fliad (Month, Day, Year)  AUG 2 7 1997	olatad causa of death (item 23	Bay	Print)	medical	l Cer	nter.	Ba	ltimose, M

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State of Maryland / Department of Health and Mental Hygiene 97 25964

						Certificate o	f Death	Re	g. No.	40704
	Physic /Medi		1. Decedent's Name (First, Middle, LA	ast)	J.	JACK	SON	2. Dete of Deeth Month AUGUT		
	Exami		4e. Fecility Neme (If not institution, gi		SOITAL		4b. City, Town, or L. RANDAL	ocation of Deeth	4c. County of De	
	Funeral Director			Sex 7. Ag 1 □ M 2 Ø F	ge (In yrs. last bin	hday) If Under 1 Year Months Dey		8. Data of Birth (Month, Day,	Year) 9.8	irthplace (Stata or Foreign Country) Hd
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23e or 28e-f show int, the Medical Examiner must be notified at	rector	10e. State 10b. County	a ltimore	10c. City, Town	or Location  O O Alaw  10f. Zip Code		10	g. Citizen of Whet	10d. Inside City Limits 1 ☐ Yas 2 ☐ No
	th with	al Di	2233 St Lu	Kes Car	re		4207		4.5	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene important: if flem 27 is marked other than "natural", or flems 23e or 28e-f show any injury or other traumetic event, tra Medical Examiner must be notified at ADR8.	by Funeral Director	11. Maritel Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedant Armed Forces? 1  Yes 2  If Yes, Give Yeer or Dates:		13. Was Decedent of If Yes, specify Cu		pecify Yes or No- p Rican, etc.)	14. Race - Ar Bleck, Wi Specify:	nerican Indian, nita, etc. Black
1215-0020	vithin 72 ho ne. han "natur Nedicel	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)	ducetion rade completed)  College (1-4or to the control of the con		Decedent's Usuel Occ (Give kind of work don lifa. DO NOT use ratio	upetion a during most of work red)	king	6b. Kind of Busines	s/Industry
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Maryland	should be and Mental is marked o	To Be	Robert John	nson			Mary	Fran	Min	
Man	l 2 sho l and l is ma raume		19e. Informant's Neme/Relationship	(Type, Print) H	-	Meiling Address (Stra	et and Number or Fu	ral Routa Number,	City or Town, State	1
	1 and 1 Health em 27		Melun H, Ja 20a. Method of Disposition	ekson, Sr	20b. Plece of	Disposition /Name of	Lukes La	pala 2	Oc. Location - City	
mol	Pages nent of I nrt: If ite		1 Burial 2 □ Cremetion 3 [ 4 □ Donation 5 □ Other (Speci		7 cemeter	y, crematory or other p	Zet /	8-29-97 6	Battimor	1
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ı	Physician	ď								Intarval Batween Onset and Death
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	. ATHER	OSLERI	OTIC CAH	2010VAJU	ULAR "	DISYADE	1
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of Vital Records,	s been sign s been sign s should be	Completed by						24a. Was an perform		Wara autopsy findings available prior to completion of cause of deeth?
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/Ita	ician: The certificate rector, pag	Be	25. Was cese referred to madical exeminer?	11	/			th (Check only one	)	
ou of	iding Physion. dh. : Alter this o	ion: To	1 Yes 2 No  27. Manner of Deeth 1 Neturel 5 Pending	Hospital: 1 Inpatie	ry 28b. T	ima of Jury 28c. Inj	ury et ork?	ome 5 Residan 28d. Describe how	ce 6 Other (Sp v injury occurred	pecify)
Division	or Attar after dea Director in by th	Certification:	2	De 00- 01(1-1	ury - Al home, far c. (Specify)	m, street, fectory, office	Yes 2 No	28f. Location (Stre City or Town,	eet and Number or State)	Rural Routa Number,
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	5	r,	30. Nama and addrass of person who	complated causa of d	aath (Itam 23a) (	Type, Print)	thwest	Hospi	tal 2	afto MM
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	Regist	_	AUG 2 1997	1 una variation	-Nathana					



State of Maryland / Department of Health and Mental Hygiene Q 7

				C	ertificate c	of Death	Reg	j. No.	1 20	900
Physician		1. Decedent'a Neme (First, Middle, La					2. Date of Deeth	Day	3. Ti	ne of Death
/Medical		CORETHA	LOUISE	JONE:	S		August.	24,10	197 2	:55p
Examiner	-	la. Facility Nama (If not institution, giv	1 11	1 1		4b. City, Town, or Lo	cation of Death	4c, County	of Death	1 1
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Funeral	1	5. Social Security Number 6. S 220-22-5603	TM 2/7F	26.00	Months Day	vs Hours Min	8. Date of Birth (Month, Day, Y	(ear)	9. Birthpiaca (S Country) MARYLAN	tata or Foreign
Director	-	Usual Rasidance of Decedant		76 _ <sup>Yrs.</sup>			NOV. 9 19	920	MARYLAN	D
ytand Mt		10a. State 10b. County	10c. C	ity, Town or	Location				10d. Insi	de City Limits
with the Maryland a or 28a-f show the notified at Director		MARYLAND ANNE AR	UNDEL	SI	EVERN				1 🗆	Yes 2XXNo
or 28s-f show to notified at Director		10e. Street and Number		-	10f. Zip Cod	a	10g	. Citizen of V	Vhat Country?	
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r hams 23s diner must		11. Meritei Stetua	12. Wes Decedent Evar in U Armed Forcas?	J,S. 1:	3. Wes Decedent of if Yas, specify C	of Hispanic Origin? (Spoudan, Mexican, Puerto	ecify Yes or No- Rican, atc.)		e - American indi	en,
by by	3	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes X No If Yas, Give Year or Dates:		1 ☐ Yas 2 💢 N			Specify	01.0014	
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Than the last		Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	1		na during most of work ired)		MIL TO	DV	
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8 = 5		1XXBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific	Ramoval from Stete		remetory or other p		-30-97 GI	FN BII	PNTE MA	DVI AND
Appartment mportant: my injury 2008	+	21. Signeture of Funaral Sarvice Licen		. INLS		dress of Fecility WIL				
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State Registrar	ľ	31. Data filed (Month, Day, Year) AUG 2 1997	32-Registrar's sign	ndelle						

State of Maryland / Department of Health and Mental Hygiene 0.7

					Certificate	of Death		Rag. No.	01 6	2300	
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n 72 hours after death with the Maryland "naturel", or items 23a or 28±f show police! Examiner must be notified at	Director	10a. Stata 10b. County MARYLAND			wn or Location I MORE		10d. Insida City Llr 1 ☑ Yas 2 □				
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o the eithin 2 To the comple	2	29b. Signatura and title of cartifier  Masanthalcuma: 29c. Licensa number  Dy 251						29d. Data signed (Month, Day, Year) August 26th 1997 Awst, #407, MD2/20			
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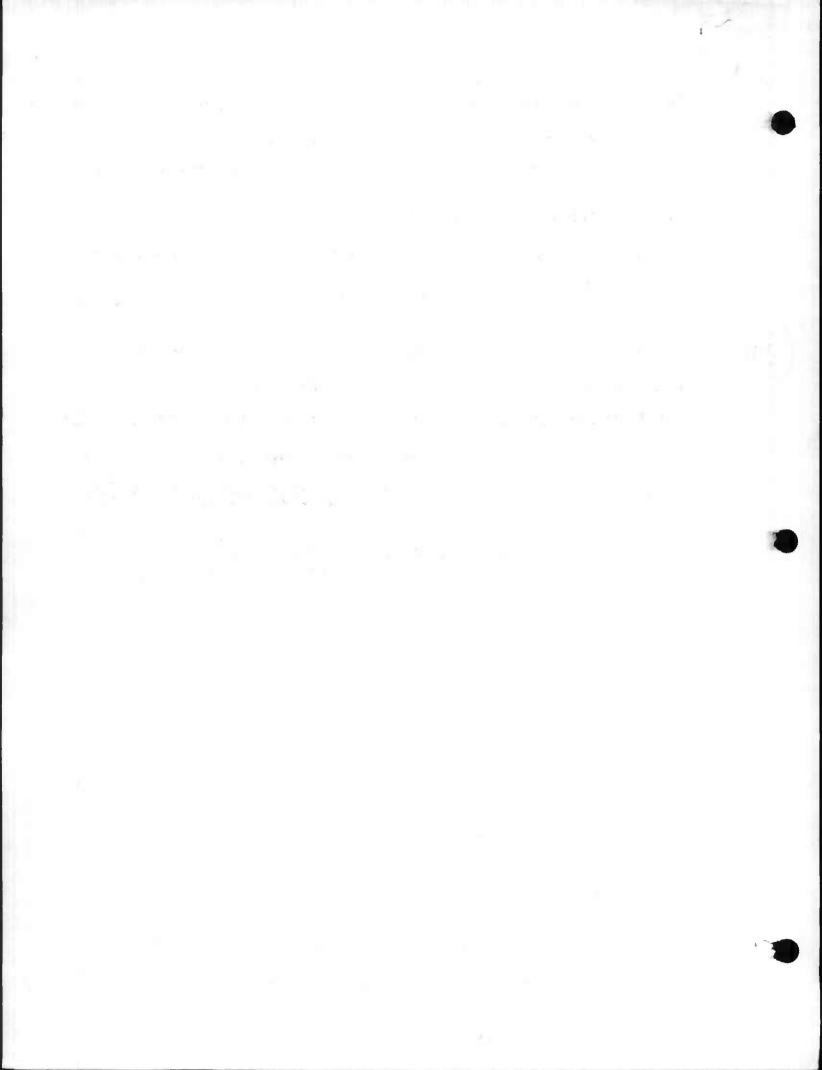
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State of Maryland / Department of Health and Mental Hygiene 97

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					Cen	tificate o	f Death			Reg. No.			
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	sician edical	Frederick Roderick Krause							August		1997	8:30 AM	
	miner	4e. Fecility Neme (If not institution, give street end number)					4b. City, To	wn, or Lo	cation of Deeth				
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Direct	tor	215-18-0960	TAIM ZUF	<b>'</b> 6	Yrs.	,			September	per 25,1920 Mar		lánd	
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cle death with the Maryland effect death with the Maryland reference 23e or 24e-f show miner mat be notified at	ö	Maryland Baltimore Dundalk										1 ☐ Yes 2 ☑ No	
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0020 pours at	by	3 ☐ Widowed 4 ☐ Divorcad	If Yes, Give				No Specify:			Specify: White			
2		15. Decedent's l	Education				Occupetion			16b. Kind of Business/Industry			
7	Completed	(Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-4or 5+)			16e. Decedent's Usuel Occupetion (Give kind of work done during most of worki life. DO NOT use retired)			ng					
MH	E O	9	9		Mechanic				Rail R			Road	
P STATE	Be	17. Fether's Neme (First, Middle, Las	17. Fether's Neme (First, Middle, Last)				18. Mothe	r's Neme	(First, Middle,	Middle, Meiden Surneme)			
A 25 0	T o	Irvin Krause					Marie	ie Ryder					
Baltimore, Mary sommit. Pages 1 and 2 sho Department of Health and A reportant. If them 27 is man noy injury or other traums anse.		19e. Informent's Neme/Reletionship	(Type, Print)	1:	9b. Malling	Address (Stre	et and Numbe	or Rura	I Route Number	er, City or Town,	Stete, Zip	Code)	
		Mary F. Krause /	Spouse-Wi	fe 7	700 E	Braddocl	k Avenu	re D	Oundalk	, Maryl	and	21224	
		20e. Method of Disposition	Domewal from Chat	como	of Dispositery, cremi	Ition (Neme of etory or other p	olece)		Dete	20c. Location -	City or To	own, Stete	
		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec	Hemover from State			emetery	Augu	st 2	6,1997	Baltimo	altimore, Maryland		
	8	21. Signeture of Funerel Service Licensee 22. Name end A											
B Per Share	8	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Baltimore, Maryland 21222										C. 31222	
_		23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.											
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/Medical	_	Immediate Ceuse (Finel disease or condition	MI	total	ti	Sm	mall Cell Casciniana						
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that the death or the by the attended for us	Physician	Pert II. Other algnificant conditions	contributing to death	but not resulting	In the und	derlying cause (	given In Pert I.		23b. Dld	tobacco use co	ntributa te	o the causa of death?	
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Rec e law has b	할										of	mpletion of cause death?	
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yalcian: The yalcian: The director, pag	Be	25. Wes case referred to medical examiner?	28. Piece of Deeth (Check only one)										
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On On Oling P. After t	Certification:	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	(Month, Dey Year) Injury Work?						28d. Describe how injury occurred				
	cat	2 Accident investigation						1 ☐ Yes 2 ☐ No					
Division  Tor Attending after death. Director: After	E	4 Homicide determine					2	28f. Location (Street and Number or Rurel Route Number, City or Town, State)					
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Divisi To the Hospital or Attenwithin 24 hours after deat To the Funeral Director:	Med									29d. Date signed (Month, Dey, Year)			
5 ₹ 5 §		29b. Signature end title of certifier	20 1/	1,		29C. LICO	nse number	0		01	1		
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124		30. Neme end eddress of person who	completed cause of	deeth (Item 23e	e) (Type, P	rint)	0		10 a	10	11	md 21239	
1 v		Devis In	Halm	52	01	Lock	Tei	ren	15 luc	cc /52	12/	no 21239	
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negi	ou al	700 ~ 13	JI JUN	A MILLY (CLOS)	- Naulo	4							

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#1 PER PHYNS. ITEM#17 PER F.H. FLM#G750 8/27/97 J.A Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death McQuay Kolana 0003 4b. City, Town, or Location of Deeth ROLAND LEON MCOUAY 25 4a. Facility Name (If not institution, give street end number) 4c. County of Death Baltimore ha 900 Caton Avenue Hospita If Under 1 Year | If Under 24 Hrs. 8. Date of Birth
Months | Days | Hours | Min. | (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1)ØM 2□ F 219-07-9647 76 Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Dal41more 10e. Streef and Number 10f. Zip Code 10a. Citizen of What Country? Road Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 12. Wes Decedenf Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Black 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry American Smeltering Elementary/Secondary (0-12) College (1-4or 5+) 10th grade Worker 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) unknown JOHN MURRAY 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. informent's Name/Reletionship (Type, Print) Amaza Wife Edsdale Battimore, Md 1A oad 20b. Place of Disposition (Name of Comptery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State ↑ Burial 2 Cremetion 3 Removel from State Memorial Park rbutus 8-28-97 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerei Servica Licensee 22. Name and Address of Fe KFIH Watersh grenue 200 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death immediate Cause (Final Dew arinutes diseese or condition resulting in death) Acidoses Severe Verabolic Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown HyperTengron 24b. Were autopsy findings aveileble prior fo completion of cause of death? 24a. Was en autopsy performed? pronsient Jackeric Attacker 2 DNO 1 Yes 2 No 25. Was case referred to medical exeminer?

1 Yes 2 No 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 DER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

physician and s the bunal-tran NAME: ROLAND L. MCQUAY been signed by the a should be detached t certificate i or Attend after death Director: /

**Physician** 

/Medical

Examiner

**Funeral** 

Director

real be notified at

7 is marked other than "natural", or items traumatic event, the Medical Examiner has

6

al Hygiene.

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permit. Pege Department o Important: If

**Physician** /Medical

Examiner

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Completed

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Certification: To

Medical

altimore, Maryland 21215-0020

Director

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by

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Baltimore blangland

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the cause(s) end menner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end fitie of certifier

29a. Certifier

ETZ ATTENDING

29c. License number D40356

29d. Date signed (Month, Day, Year) AUGUST

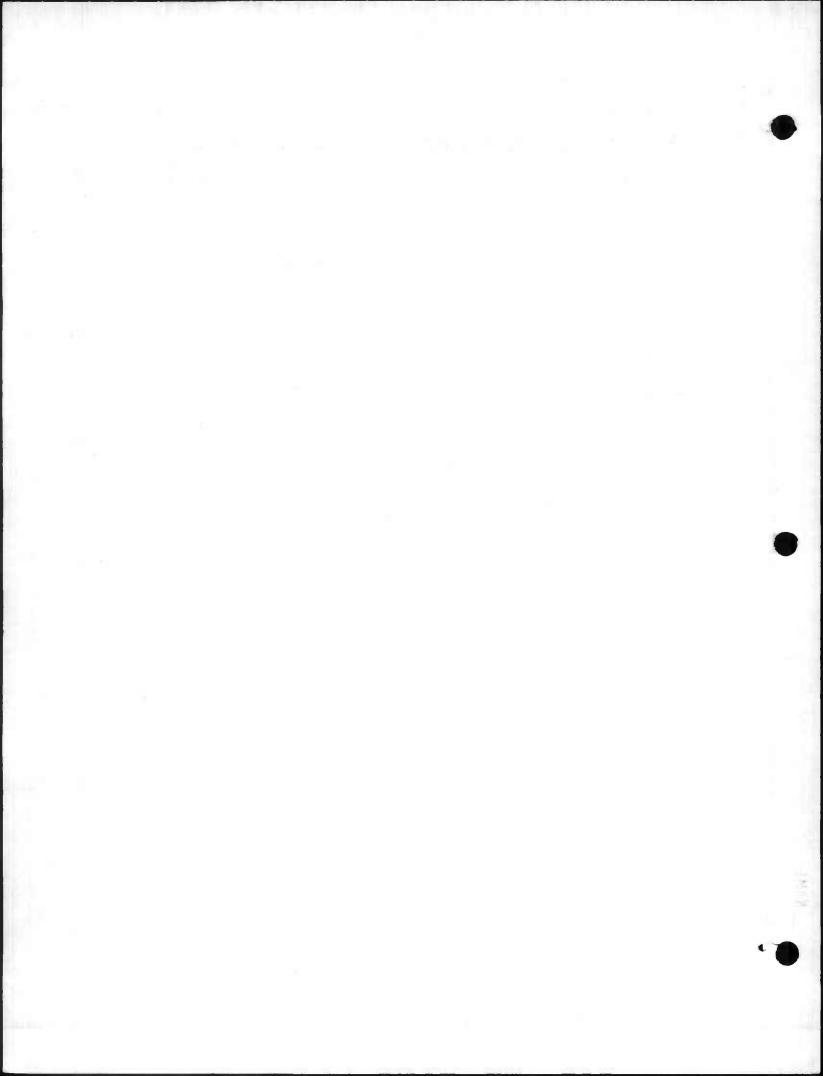
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) WENEUSA NAVARRO 900 Caton Ave. MD.

Mavansode

32. Registrar's Signature

State Registrar

To The Funeral D



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. MT. Items: 23a part I,27,28a-f per MEO G-751 9/17/97 dh Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete oi Deeth 3. Time of Deeth Month **Physician** McNell onald AUGUST 24 1997 3:00 AM /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner LAUREL REGIONAL HOSPITAL LAUREL PRINCE GEORGES 5 Social Security Number If Under 1 Year | If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funerai** 216-58-3813 18M 20 F Days Hours 43 Yrs. Director Usuel Residence oi Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at Baltimore 1 Yes 2 No Director 10e. Street and Numbar 10f. Zin Code 10g. Citizen of Whet Country? 50 21201 S Нете 23а death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iten any Injury or other traumatic event 1 Never Married 2 Married 1 Yes 2 P If Yes, Give Yeer or Detes: 2 10 No 1 ☐ Yes 2 No Black Baltimore, Maryland 21215-0020 Specify þ Specify 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grede completed) utheran Drug College (1-4or 5+) Elementary/Secondary (0-12) Center Drug Counselor 12 17 Fethar's Nema (First, Middle 18. Mothar's Neme (First, Middle, Maiden Symame) Be larence ernice 2 19b. Meiling Addrass (Straet end Number or Rural Route Number, City or Town, State, Zip Code) 19e./Informent's Name/Reletionship Batto. Md. 21201 501 Dolphin Stizis arence 20b. Placa of Disposition (Neme of cometery, crametery or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Baltimore 1 Buriai 2 □ Cremetion 3 □ Removal Irom State Oshell 5 4 ☐ Donetlon 5 ☐ Other (Specify) 21. signeture of Funeral Servica Licensee 22 Name end Address of Facility 2222 W. north ave exph L. Russ Energy Home oseph L. Baltimore, Md-21216 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiretory errest shock, or heart lailure. List only one cause on each line. Approximete intervai Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel NARCOTIC INTOXICATION diseese or condition resulting in death) Examiner Due to (or es e consequença of) bunel-transit pue Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of). physician is the bunel Box 68760, Physician/Medical Due to (or es e consequence of) 98 ettending been signed by the ette should be detached for P.O. Pert ii. Other significant conditione contributing to death but not rasulting in the undarlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🕱 Unknown Records, þ Completed 24b. Wara autopsy findings aveileble prior to completion of cause of deeth? 24a. Was an autopsy performed? page 2 certificate 1 X Yes 2 □ No 1 PYes 2□ No Division of Vital or Attending Physician: effer death. Director: After this certifica Be 25. Wes case rafarrad to medical 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 YYYas 2□ No 1 ☑ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funerel 27. Manner of Deeth 28e. Data of injury (Month, Dey Yeer) 28c. injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of Injury 1 Neturel 5 Pending 1 ☐ Yes 2 KNo 3:20 found<sup>M</sup> investigetion 2 Accident 8/21/97 found subject ingested drugs 6 XXCould not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, SteteMaryland House of 28e. Pieca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) completely filled in by 4 Homicide To the Hospital c within 24 hours of To the Funeral D found in cell Corrections, Jessup, Md. edicai 29a. Certifier 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date end pleca, end due to the ceusa(s) end manner es stated. (Check only one) 2 Madical Examiner: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, data and pleca, and due to the ceusa(s) end manner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Yeer)

State Registrar

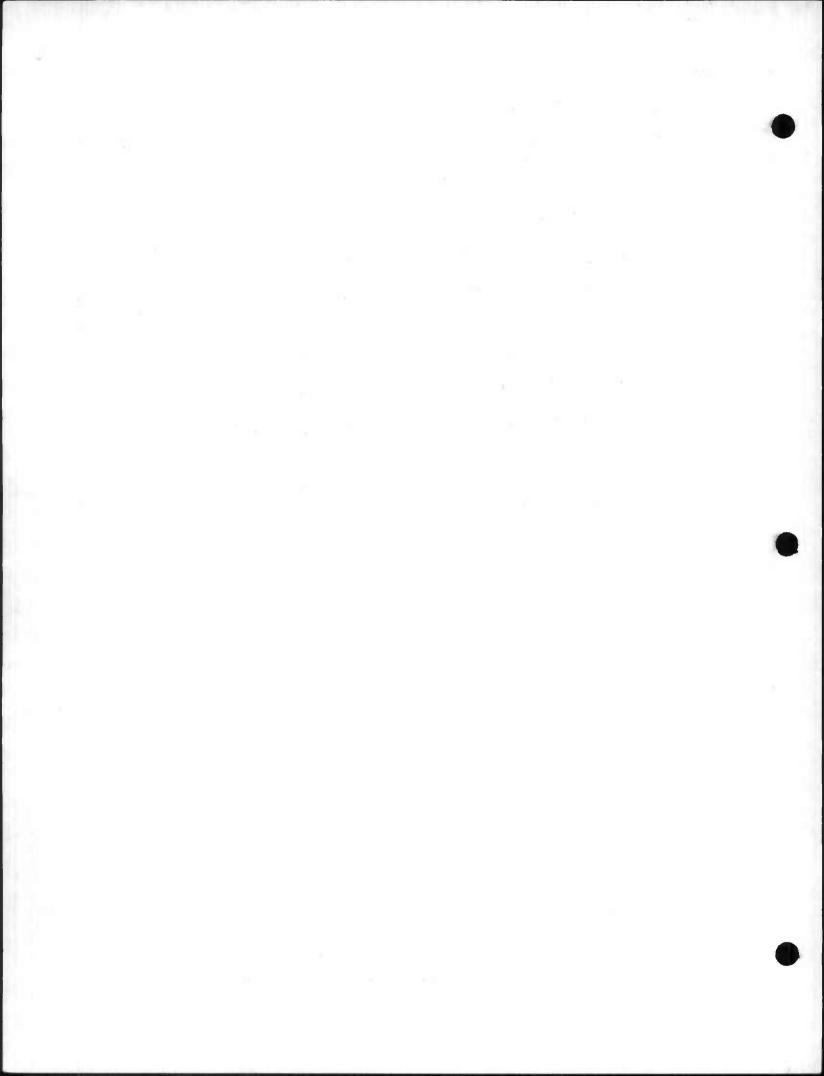
31. Dete filed (Month, Day, Year) AUG 2 7

Radentz 111 Penn Street, Baltimore, Maryland 21201 32. Ragetrar's Signature

30. Nama and address of person who complated cause of daath (Rem 23a) (Type, Print)

MP

AUGUST 25, 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

11	ï
Physician	
/Medical Examiner	
Euporal	1

Director

The Maryland r 28a-f show notified at WIEL examiner munt be r 'natural' the Medical F

filed within Pages 1 and 2 should be n Important: If Item 27 is any injury or other trac otice. ъ **Physician** 

Maryland 21215-0020

Baltimore,

WILLIAM A

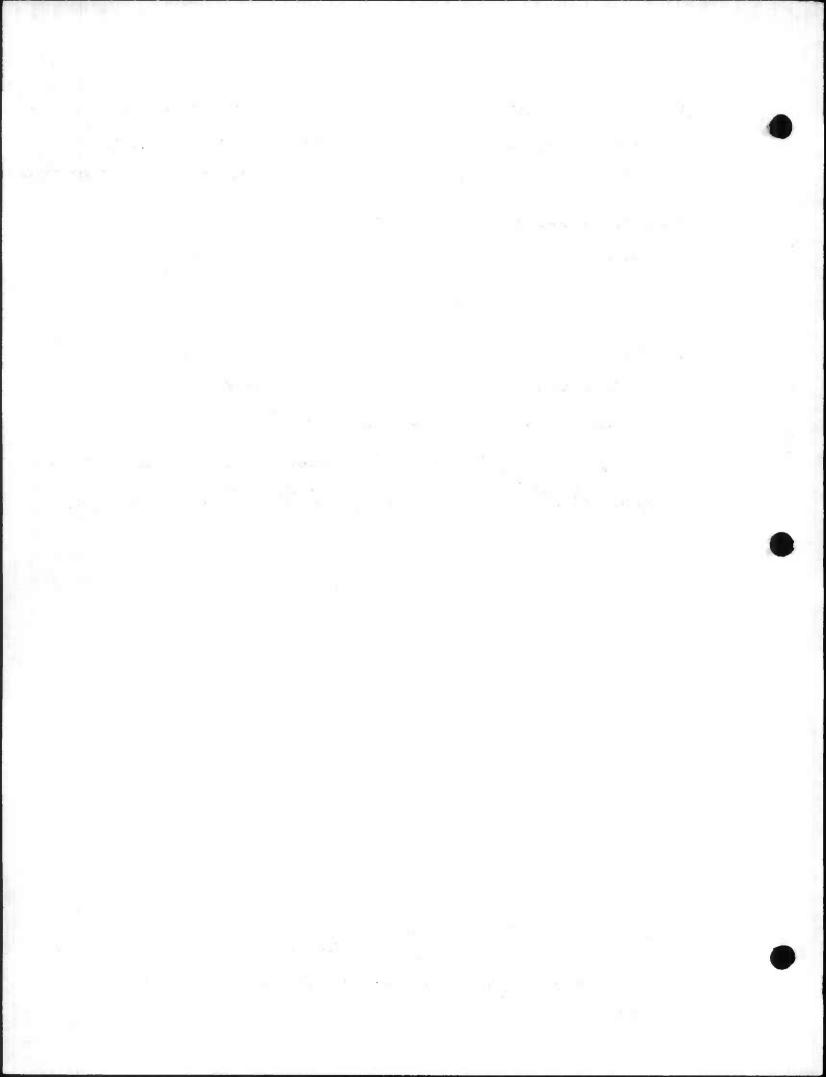
/Medical **Examiner** physician and tha burial-transit Box 68760, P.O.

the death certificate be executed signed by the a has page 2 cartificate Hospital or Attending Physician: After this funeral after death.

Division of Vital Records, filled in by 24 hours a within 24 ho To the Fune

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Vesi WILLIAM ALVIN PAXSON AUGUST 26, 1997 6:45 AM 4a. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth VA MARYLAND HEALTH CARE SYSTEM FORT HOWARD BALTIMORE If Under 1 Yeer if Under 24 Hrs. 5. Sociei Security Number 9. Birthpiace (Stete or Foreign Country)
7 PENNSYLVANIA 6. Sex 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Deys Hours 1 ☐ M 2 ☐ F Yrs. 211-18-7175 APRIL 14,1927 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Directo PENNSYLVANIA LANCASTER PEACH BOTTOM 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? P.O. BOX 9 17563 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Reca - American Indlen, Bleck, White, etc. 1 M Yes 2 DNo If Yes, Give Yeer or Detes: WWII 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: White þ 3 ☐ Widowed 4 🖾 Divorced Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collage (1-4or 5+) 12TH GRADE MECHANIC CAR DEALER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumama) Be JAMES ARTHUR PAXSON WILDA HARVEY 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) RUTH E. WEAVER (SISTER) P.O. BOX 9, PEACH BOTTOM, PA. 17563 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 X Cremetion 3 ☐ Removel from State 4 □ Donetion 5 □ Other (Specify) GREEN MOUNT CREMATORY 8/27/97 BALTIMORE, MARYLAND 22. Neme end Address of Fecility SCHIMUNEK FUNERAL HOME OF BEL AIR, INC. 610 W. MACPHAIL ROAD, BEL AIR, MD. 21014 art1. Enter the disee Approximete Intervei Between Onset end Deeth complications that caused the deeth. Do not enter the mode of dylng, such as cardlec or respiratory errest, at only one ceuse on each ilna Immediata Causa (Finel disease or condition resulting in deeth) RECURRENT PNEUMONIA 1 MONTH Due to (or es a consequença of): Examiner CHRONIC OBSTRUCTIVE PULMONARY DISEASE Sequentielly list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Physician/Medical Due to (or es e consequenca of): Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ATHEROSCLEROTIC CORONARY VASCULAR DISEASE by 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en autopsy performed? DIABETES MELLITUS 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 28. Placa of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1X inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred 5 Pending 1 TYas 2 No investigetion 2 Accident 6 Could not be detarmined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledga, daeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

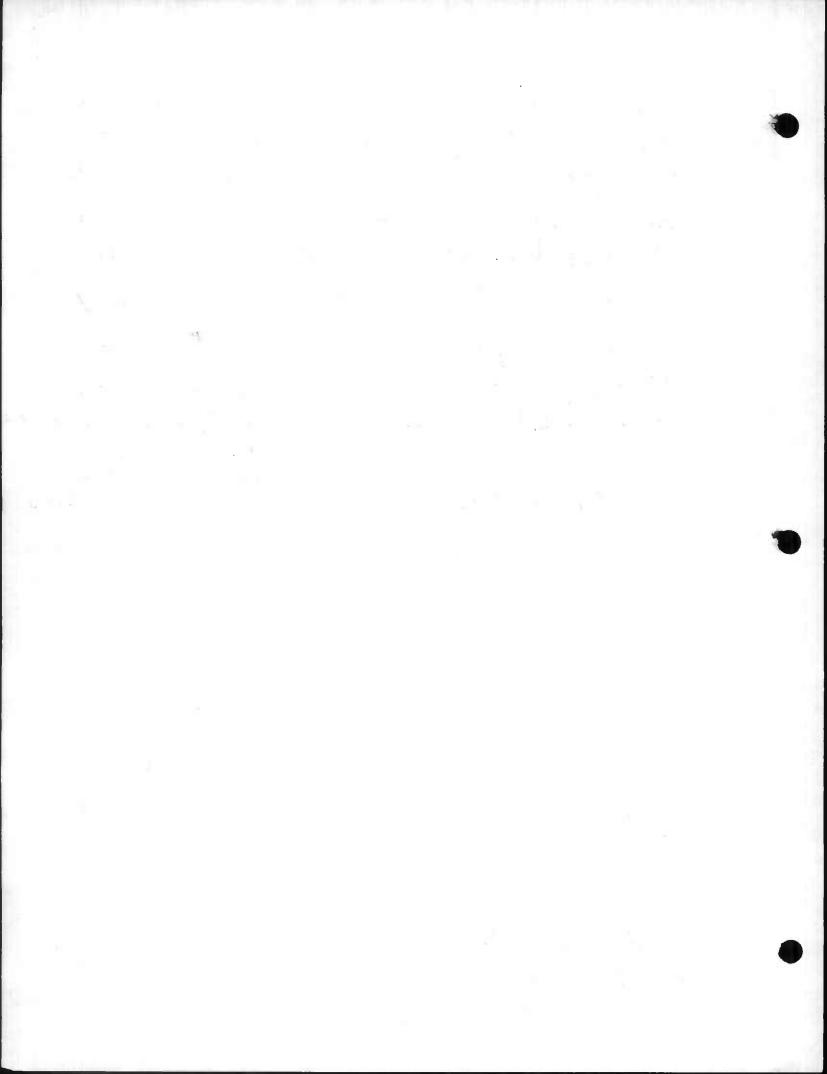
Medical Examinar: On the basis of axamination end/or investigation, in my opinion, daeth occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of cartifier 29d. Date signed (Month, Day, Year) AUGUST 26, 1997 MUNIN 30. Nama and address of person who completed cause of daeth (item 23e) (Type, Print) 9600 NORTH POINT ROAD FORT HOWARD, MD 21052 AURORA C. TAN, M.D.



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Deeth 3. Tima of Death Dey 26 Month **Physician** 9:30 Am POWEL LINDA /Medicai 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner (Vursing Home 7. Age (Irlyrs. lest birthday) if Undar 1 Yaar 8. Data of Birth (Month, Dey, Year) July 31, 1956 Birthplace (Stete or Foreign Country) **Funeral** Days Min. Months Hours 8-64-0255 1□M 2QF Director Usuet Residence of Decedent the Meryland 10e. Steta 10b. County 10c. City, Town or Location 10d. fnsida City Limits 77 is marked other than "natural", or itams 23a or 28a-f show traumatic svent, the Medical Examiner must be notified all 1 Yes 2 No MD Director Balto 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3866 e 21213 pernit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "natural", or Itams 23s any injury or other traumatic avent. Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - Amarican Indien, Bieck, White, etc. 11. Meritel Stetus 1 Navar Marriad 1 ☐ Yes 2 W No If Yes, Give 2 Married 1□Yes 2□No Baltimore, Maryland 21215-0020 Specify Aq Black 3 Widowad Divorced Completed 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Coilege (1-40r,5+) Elementery/Secondary (0-12) unem playe me (First, Middle, Melden Sumeme owe 10 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Katherine 20c. Location - City or Town, State Aug Apt 201 6100 Dete 20b. Plece of Disposition (Name of cametery, cremetery or other plece) 20e. Method of Disposition 1 Burial 2 Cramation 3 Remove from State 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Juneral Service Licensee md21213 n. Cardli 120 23a. Part . Entain he disease, or complications that causad tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onset and Deeth **Physician** /Medical Immediate Ceusa (Finel diseese or condition resulting in death) Cervical 12 month Examiner Due to (or es e consequence of) Examiner ettending physician and for use as the bunel-transit Sequentielty list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medical Dua to (or as e consequence of): Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings availabla prior to completion of causa of deeth? 24e. Was en eutopsy performad? Completed 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Cother (Specify) Hoppite Hospital: 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28c. Injury et Work? After t Certification: Naturet 5 Pending investigation i or Attendin efter death. Director: Aft None 1 Yas 2 No 2 Accident 6 Could not ba 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) In d in by 4 Homicide hours Untersi Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) 24 Within 2 29b. Signature end title of certifie 29c. License number 1)25205 uno 30. Name and eddress of person who completed cause of dead: (Item 23e) (Type, Print) A. Rile 6701 N. Charles Balto Md 21204 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Registrar Davidson

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 0.7

25072

			4 December 11 November 15 Nove			Ce	rtifica	te of	Death		Reg. No.		25912
	Physic	ian	1. Decedent's Name (First, Middle, HELEN	Last)	PUCKE	11				2. Date of D Month	Day	Yeer	3. Time of Death
а	/Medi		4e. Facility Name (If not institution,	nive street and n		11			4b. City, Town, or L	AVGV:		1997	06.12
-	Exami	ner	Johns Hopkins B			Ctn.			Baltimo			y OI Death	N/A
	Funeral Director			6. Sex 1 □ M 2XDF	7. Age (In yrs. 94		If Unde Months	or 1 Year Days	If Undar 24 Hrs.	-	irth Day, Year) 5,1903	9. Birthp	plece (State or Foreightry) Yland
	m .	1	Usuai Residence of Decedent		74		1	1		July 1	3,1703	MUL	grana
	with the Marylan a or 28s-f show be notified at	etor	Maryland B	altimore		ty, Town or Lo	ocation		Dundal	k		1	0d. Inside City Limit
	0 to 0	Dire	10e. Street and Number				10f. Zi	p Code			10g. Citizen of		
	ath w	Te.	1925 Dineen Dr	ive					21222		Unite	d Sta	tes
0020	urs after de ef, or flems Examiner m	by Funeral Director	11. Maritel Stetus  1 Never Married 2 Merrie  3 Widowed 4 Divorced	Armed F	20 No Siva		Was Dece If Yes, spe 1 ☐ Yes		Hispanic Orlgin? (Sp an, Maxican, Puerto Specify:	pecify Yes or N Rican, etc.)	lo- 14. Ra Bla Specia	ce - America ick, White, by: Whi	etc.
3		pet	15. Decedent's	Education	n	18a. Dece	dant's Usu	al Occup	pation during most of worked)		16b. Kind of B	lusinass/Inc	dustry
272	WE)	Somple	(Specify only highest Elemantary/Secondary (0-12)  6 Years	1	(1-4or 5+)		emaki		od) most or work	king		Own Home	
/land		To B& Completed	17. Father's Name (First, Middle, L. Walter H. Hell	•					18. Mother's Nam Daisy S.		e, Malden Sumar	me)	4-21
Mar.	alth and 1 27 is ma		19a. Informant's Name/Ralationshi Robert L. Brew		andson				and Number or Au Drive Du				
Baltimore	Pages 1 and of He mt: If Nem ry or othe		20a. Mathod of Disposition  1 Description   2 Communication   3 Remove from Stete   4 Donation   5 Other (Specify)   20b. Place of Disposition (Name of cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   Crest Lawn Cemetery   8/27/1997   Marriotts   Marriotts   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or other place)   20c. Location - City or cemetery, crematory or cemetery   20c. Location - City or cemetery, crematory or cemetery, crematory or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or cemetery   20c. Location - City or ce										
Balti	permit. Pa Departme Important any injury once.		21. Signeture of Fineral Service Li		Q.	21 1	Neme e	nd Addre	ess of Facility Funeral Ave. Du	Home o	6 Dundal	k, In	
	Physician	1	23a. Part1. Enter the district or shock, or heart failure.	plications that iy ona causa on	caused the deal each line.	th. Do not ent	er the mod	de of dyl	ng, such as cardiac	or respiratory	arrest,		Approximate Interval Between Onset and Death
1	/Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	a	VENTRI	CULA R			ITHMIA				2 hours
_	ח ≈	ner							CTION			1	a hours
	acute and trens	Examiner	Sequantially list conditions,	b		or as a consec			21.010				4 110013
68760,	tificate be executed og physician and as the burial-trensit	Medical Ex	Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	c(	ORONA Due to (d	or es a conseq			DISEASE	5		İ	YEARS
Box (	eath certif ettending for use as	an/Me		d								i	
	the ettendia	sicis	Part it. Other algnificant condition	s contributing to	death but not res	suiting in the u	nderlying	cause gi	ven in Part I.	23b. Did	1 tobacco usa co	ontribute to	the causa of death
s, P.O	<b>\$</b> > 2	by Physician/N	ALZHEIMER'S	S DISE	ASE,	ANEN	MIA			10	Yes 20 No	3 Prot	bably 4 Unkno
Records	requir	Completed t								24e. Wa	s an autopsy formed?	COL	era autopsy findings allable prior to mpletion of cause death?
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Vital	Physician: The r this certificate and director, peg	Be	25. Was case referred to medical examiner?	11					26. Place of Deal	th (Check only	ona)		
of	Physic this or al dire	2	1 ☐ Yes 2 ₺ No			ER/Outpatier			4 LI Nursing no		sidence 6 DOti		1)
ono	ith. After t a funera	atlon:	27. Manner of Death  1 ⊠Natural 5 □ Pending 2 □ Accident Investiga		of Injury oth, Day Year)	28b. Time of Injury	M	28c. Inju Wo 1 □	ry at rk? ] Yes 2 □ No	28d. Describe	how Injury occur	rred	

To the Hospital or Attending within 24 hours efter death.

To the Funeral Director: After completely filled in by the fune Division

29a. Certifier (Check only one) 1 Certifying Phyaician: To the best of my knowledga, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner statad. MEDIUNE RESIDENT N9183

29d. Dete signed (Month, Dey, Year)

AUGUST, 25, 1997

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)

600 NOrth Wolfe Street, TOWER 110, BALTIMORE, MARYLAND 21287

State Registrar

Certification

Medical

2 Accident

3 Suicide

4 Homicide

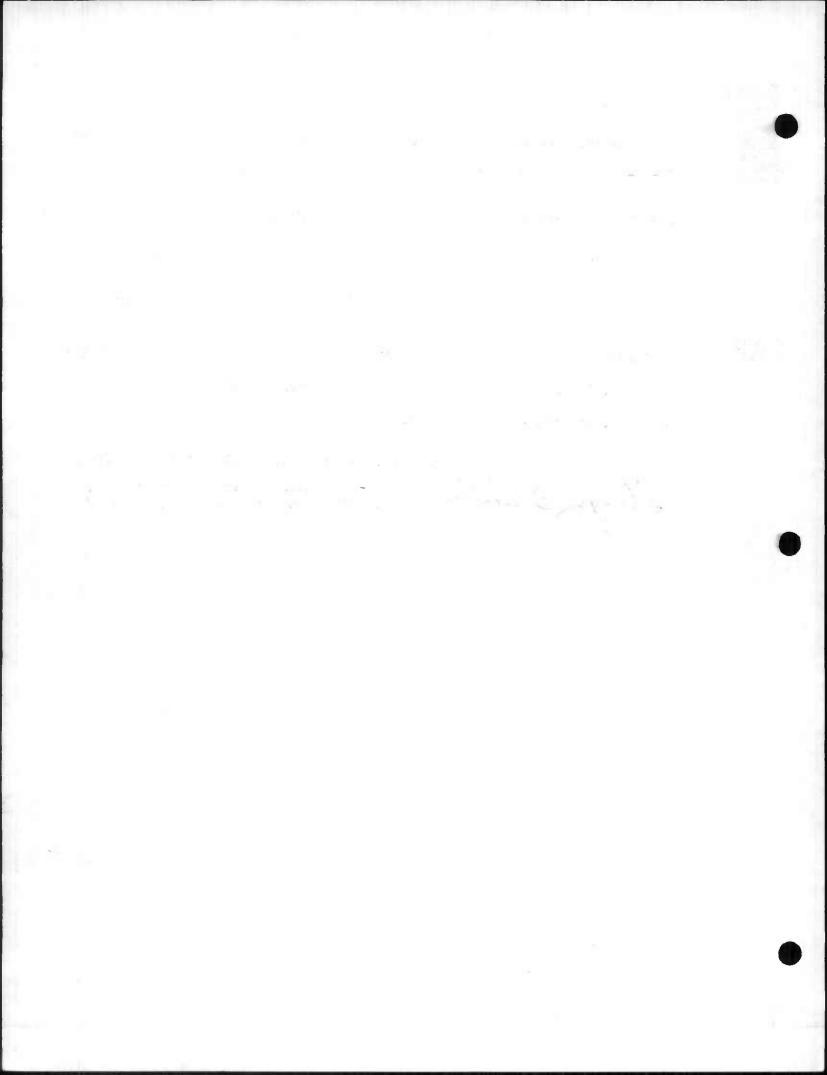
31. Date filed (Month, Day, Year) AUG 27 1997

MELANIE KATZMAN

6 Could not be datermined

ia Davidson Randello

28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)

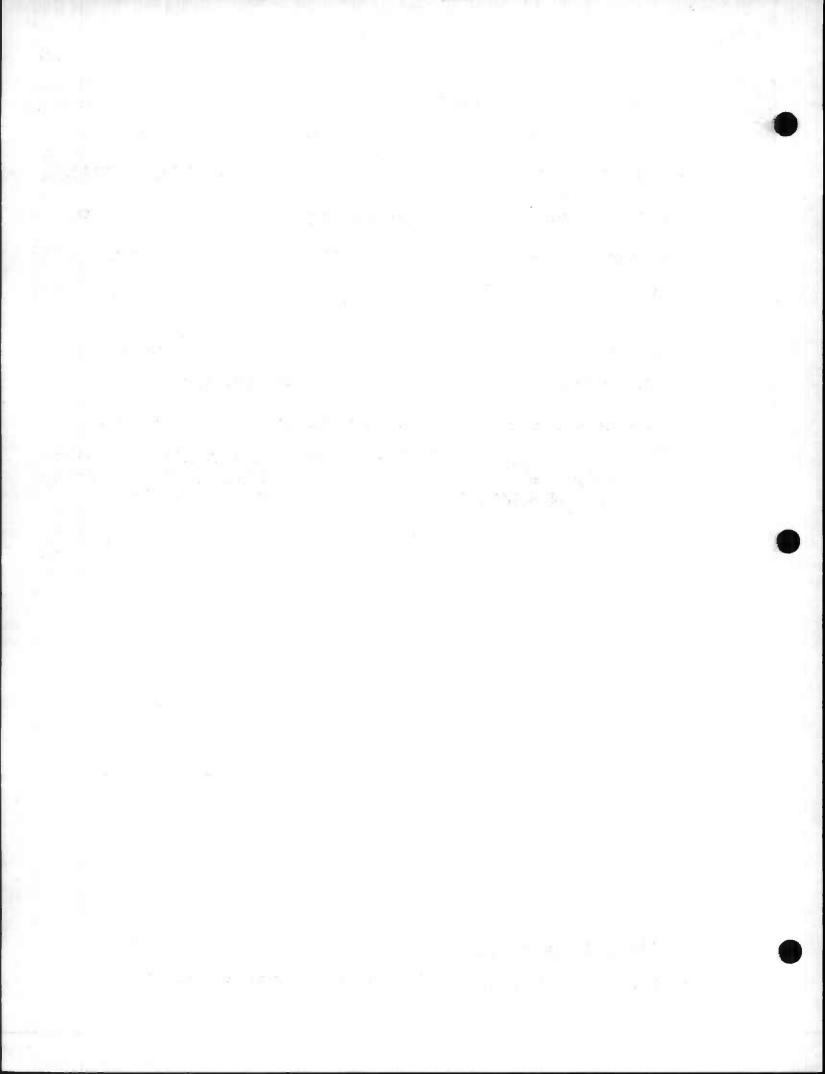


State of Maryland / Department of Health and Mental Hygiene 97 25973

_					tificate of	Death	R	eg. No.		3973
П	Physic	an	Decedant's Name (First, Middle, Last)  Gerald Wright Richardson				2. Date of Deat Month	25, 199		3. Tim 1 th
4	/Medi		4e. Fecility Neme (If not institution, give street and number)			4b. City, Town, or Lo	August	4c. County	-	3.17112
П	Exami	ner	2234 Sheppard Road			Monkton			imore	co.
	Funeral Director		216-30-0142 X M 2 D F 64	rs. last birthday) 4 Yrs.	If Undar 1 Yaar Months Deys	If Under 24 Hrs. Hours Min.	8. Deta of Birth Month Day, May 27,		9. Birthplece	e (Stete or Foreign h, Maryland
	rland row		Usuel Rasidence of Decadent           10e. Stete         10b. County         10c.	City, Town or Lo	cation				10d.	Inside City Limits
	and sh	ţċ	Maryland Baltimore Co.	Monkton						1 □ Yes 2 No
	or 28	Sire	10e. Street end Number		10f. Zip Code		1	0g. Citizan of W	het Country	7
	23a	rai	2234 Sheppard Road		21111		U	mited S	States	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Nems 23s or 28s-f show any Injury or other traumatic event, the Medical Examines must be notified at once.	by Funeral Director	11. Marital Stetus  1 □ Navar Marriad 2 □ Married  3 □ Widowed 4 □ Divorced  12. Wes Decedant Evar in Armed Forces?  1 □ Yes 2 □ No If Yes, Give Yeer or Detes:		Vas Decedent of I Yes, specify Cub	Ilspenic Origin? (Spen, Maxican, Puerto Specify:	ecify Yas or No- Rican, etc.)	Blec	e - American k, White, atc. White	
5-0	72 ho	Completed	15. Decedent's Education (Specify only highest grade completed)	16a. Deced	ant's Usuel Occup	pation during most of work	ina	16b. Kind of Bu	sinass/indus	iry
121	han han	mpl	Elementery/Secondary (0-12) College (1-4or 5+)	lifa. L	OO NOT use retire	d)		33T /T 3		7
d 2	e filed within al Hygiene. I other than went, me Me	Co	17. Father's Neme (First, Middle, Last)		Foreman	18. Mothar's Name		AAI/Inc		1.L
/lan	should be nd Mental marked o	To Be	Maurice Washington Richardson			Susan El			0)	
Maryland 21215-0020	and 2 sho saith and 1 n 27 is ma er traums		19e. Informent's Name/Reletionship (Type, Print) Mrs.Marian (nee Zimmerman) Richa	19b. Mailin	g Address (Street ife) 223	4 Sheppare	al Route Number d Rd. Mc	City or Town,	Stata, Zip Co Iarylai	nd 21111
Baltimore,	of Health of Health fitem 27 in other tr			b. Place of Dispos				20c. Location -		
E	ment of ant: If its		4 □ Donation 5 □ Other (Spacify)			emetery 8			_	
Bal	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Servica Licansee Jeffrey L.	Gair 22	. Name end Addre	ess of Facility Rue	ck Towso 50 York			
68760,	Physician per associated by the private of the priv	edicai Examiner	if any, laading to immediate cause. Entar Undertying Cause (Diseasa or Injury c	o (or as a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence or a consequence of or a consequence or a consequence or a consequence of or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or consequence or a consequence or a consequence or a consequence o	uence of):	Des	easl			nset and Death
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a	ilcian: The lav certificate has irector, paga 2		25. Wes case referred to madical				1 □ Ya	- 7/4	1 □ Y	es 2 No
	Physician: r this certific ral director,	To Be	exeminer?	ER/Outpetien	3□ DOA Ott	26. Piece of Deati	me 5 Reside		e (Specify)	
Division of	Attending Physic death.  ector: After this by the funeral di		27. Mennar of Deeth 1   Natural 2	28b. Time of	28c. Inju Wo		28d. Describe ho	-		
Divis	i or Attendi aftar death. Director: A d in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not be datermined 28e. Placa of Injury - A building, etc. (Spe	t homa, farm, streecify)	eet, factory, office		28f. Location (St. City or Town	reet end Numbe n, State)	er or Rural Ro	oute Number,
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical	29a. Certifier (Check only one)  12 Cartifying Physician: To the best of my to the basis of axam end menner steted.	knowledge, deeth Inetion end/or Inv	occurred et tha tin astigation, in my o	ma, data and pleca, opinion, deeth occurr	and due to the ce red at tha tima, da	euse(s) end mei ata and placa, e	nner as state and due to the	d. e cause(s)
1.	ithii com	M	29b. Signature and title of certifier  1838 1 Andrews 1	us	29c. Licens	2489	25	9d. Date signed 8/27	(Month, Dey	', Year)
A	110		30. Nama and eddress of person who completed causa of deeth (I	tem 23e) (Type, I 7401050	er Driv	e Sente	201 70	owson	ud.	21.20cp
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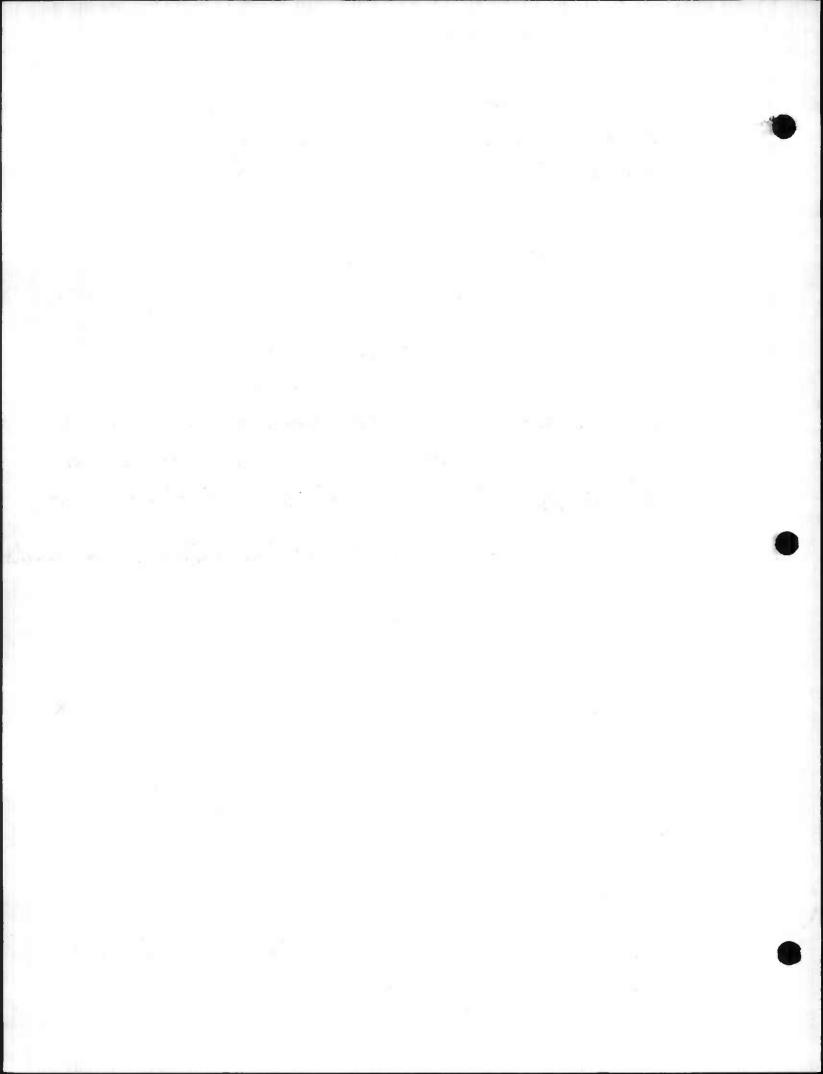


Items:2	3a	part I,27,28a-f per MEO (	State of Marylar 3-751 9/5/97 dh		Certificate				Reg. No.	1 2	3. Time of Dee	
Physic /Medi		DENNIS	RANDOLP	Н				Month AUG.	21, 199	Yeer 97	12:14PM	
Exami		4e. Fecility Neme (If not institution, give sh 563 LAURENS STREE	T				4b. City, Town, or BALTIMOI	RE	N/A			
Funeral Director		5. Social Security Number  218-02-5509  Usual Residence of Decedent	7. Age (In yrs.	last birth	Months	Deys	If Under 24 Hrs Hours Min.	(Month, De	th ly, Yeer) 21 1953	9. Birthpl Count MARY	ece (Stete or For try) 'LAND	eigr
Maryland f show	o	10e. Stete 10b. County  MARYLAND N/A	10c. Ci		or Location BALTIMOF	ה כי	TTV			10	Od. Inside City Lir	
or 28a	Director	10e. Street end Number			10f. Zip		111		10g. Citizen of \	Whet Count	try?	
be filed within 72 hours after death with the Maryland ital Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	531 LAURENS STREE  11. Marital Status 12  11 Mever Merried 2 Married 3 Widowed 4 Divorced	. Was Decedent Ever in U Armed Forces? 1 □ Yes 27 No If Yes, Giv <sup>6</sup> Year or Dates:	l,S.	13. Was Deced	ify Cub	dispenic Origin? (S en, Mexican, Puerl Specify:	Specify Yes or No to Rican, etc.)	- 14. Rec	S.A. e - America ok, White, e	etc.	
d within 72 hours aft giene. or than "natural", or	Completed	15. Decadent's Educa (Specify only highest grede of Elementery/Secondary (0-12) 12th grade	ition	()	ecedent's Usua Give kind of wor fe. DO NOT us	k done	during most of wo	rking	16b. Kind of Bi	usiness/Ind		
o d a b	To Be Co	17. Fether's Neme (First, Middle, Last) JESSIE RANDOLPH			DONLIN			me (First, Middle, LENA BRO	, Maiden Sumen		TOIL	
1 and 2 a Health ar am 27 is other trau		19e. Informent's Neme/Relationship (Type  Mack Randolph/Brot  20e. Method of Disposition  1★ Burial 2 □ Cremation 3 □ Rer  4 □ Donetion 5 □ Other (Specify)	ther 20b. I	33 Placa of Demetery,		ri R			laryland	2124 City or Tor	wn, Stete	
permit. Pages Department of Important: If it any Injury or o		21. Signature of Fungor Shright Mapping	Seperal V	2110			ess of Facility WI		BROWN	COMMU		Н
Physician /Medical Examiner	Examiner	23a. Pert1. Epter the disease, of complica shock, or heart feiture. List only one Immediate Ceuse (Finel disease or condition resulting in deeth)	NARCOTIC IN	TOXICA or es e co							Intervel Between Onset end Deeth	
death certificate be axecuted e attending physician and of for usa as the burial-transit	edicai	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last			nsequence of):							
	y Physician/M	Pert II. Other eignificant conditions contri	buting to death but not res	ulting In t	ne underlying ca	ause giv	ven in Part I.		tobecco use co Yee 2 No		the cause of de	
law requir as been s	Completed by								an autopsy ormed?	eve	re eutopsy findin ilable prior to npletion of cause leath?	
iclen: The certificate h rector, page	Be Col	25. Wes case referred to medical					26. Plece of De	eth (Check only o	Yes 2□No	it.	Yes 2□ No	
nding Physicism: sth. r. Aher this certific e funeral director,	2	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investigation	spital: 1 Inpatient 2 Inpatient 2 Median 28e. Date of Injury (Month, Dey Year)  Found: 8/21/97	ER/Outp 28b. Tin Inju	ne of P 28	Bc. Injui Woi	4 □ Nursing F	dome XX Resi 28d. Describe unknown	denca 6 Oth		)	
urs after de urs Ofrecto	Certification:	3 ☐ Suicide 6 ⚠ Could not be determined	28e. Placa of Injury - At h building, etc. <i>(Specil</i> found: residen	ome, farm by) ce	, street, fectory			28f. Location ( City or Too Baltimore	, Marylan	d	Route Number, ns Street,	
Plottely	edical	29a. Certifier (Check only one) Medical Examine	len: To the best of my knor: On the basis of examine end menner stated.	wiedge, d	eath occurred e or Investigetion,	in my c	me, date end piece ppinion, death occu	e, end due to the irred et the time,	date end place,	end due to	eted. the ceuse(s)	
Tot	M	29b. Signature and title of certifier	Male,	M	290.		e number		29d. Date signe AUG. 2			
		30. Name and address of person who com	104 41 . 11	1 Per	in Street	et,	Baltimor	e, Mary	land 212	01		
Sta Registr		31. Dete filed (Month, Day, Year)	22 Regiliter Righ	tujkano	402							



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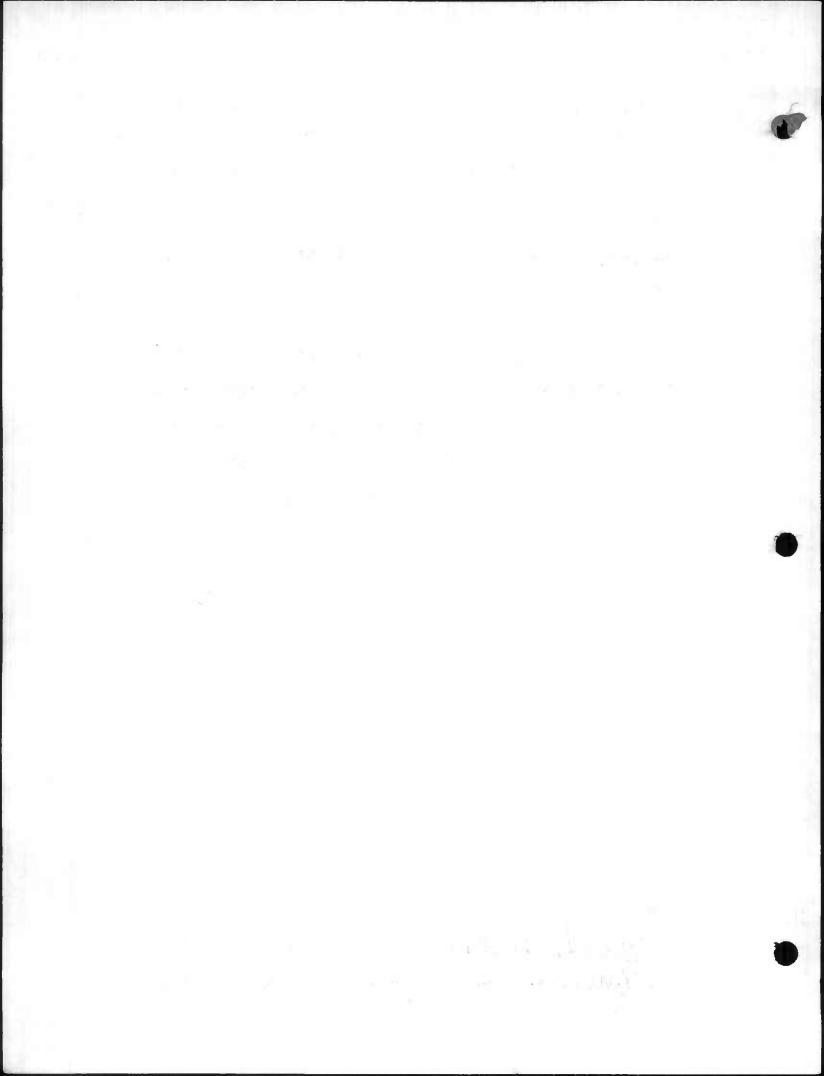
Dhuale	ian	1. Decedent's Name (First, Middle, Las					2. Date of De		3. Time of Death
Physic /Medi		ALLEN	ROBINSON			-CS 1	AUGUST		97° 6:P.M.
Exami	ner	4e. Facility Name (If not Institution, give 1416 CARROLL STI		)		4b. City, Town, o	Location of Deati		of Death
Funeral		5. Social Security Number 6. Se		last birthday) If U	nder 1 Year			NZA	9 Birthplace (State or Foreign
Funerai Director	Г	217-22-9859 Usuel Residence of Decedent	XJM 2□F 70	Yrs. Mon	ths Days	Hours Mir	8. Date of Bir Month, Da FEB 3,	1927	9. Birthplace (State or Foreig Country) SOUTH CAROLINA
Maryland H show	tor	10a. State 10b. County MARYLAND		y, Town or Location BALTIMORE					10d. Inside City Limits 1 ☑ Yes 2 ☐ No
h the	Director	10e. Street end Number			. Zip Code			10g. Citizen of V	What Country?
th wit	a D	1416 CARROLL STI	REET		21230	)		USA	
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Hems 23a or 28s-f show ant, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 10 Yes 2 ☐ No If Yes, Give Yeer or Dates: 45-4	If Yes,	ecedent of I specify Cub es 2 No		Specify Yes or No rto Rican, etc.)		e - American Indian, ck, White, etc. AFRO - AMERICAN
72 ho	Completed	15. Decedent's Ed	ucetion de completed)	16a. Decedent's	Usual Occup	pation	orkina	16b. Kind of Bu	usiness/industry
d within piene. r then	mp.	Elementary/Secondary (0-12)	College (1-4or 5+)	CARR LO		during most of w		GLASS	
be filed with ital Hygiene. d other ther event, the R		17. Father's Name (First, Middle, Last)		CARR L	JWKET	COMPANY	ame (First, Middle		ne)
조를 중 중	To Be	UNKNOWN				UNKNO			,
S D E E	-	19a. informant's Name/Reletionship (T	ype, Print)	19b. Mailing Add	Iress (Street			er, City or Town,	Stete, Zip Code)
		IDA ROBINSON W	IFE	1416 CAF	RROLL	STREET,	BALTIMOR	RE, MARY	LAND 21230
ges 1 and of Healt if item 2.		20a. Method of Disposition  1 Deurlal 2 Cremation 3 December 1		lace of Disposition emetery, crematory	(Name of or other pla	ice)	Dete	20c. Location -	City or Town, State
nit. Pages artment of I ortant: If ite injury or o		4 □ Donation 5 □ Other (Specify	CRO	WNSVILLE	V.A.	CEM.	9/2/97	CROWNSV	ILLE, MD.
permit. Pages 1 and Department of Health Important: If item 27 any injury or other to once.		21. Signature of Funeral Service Licens	Date 1	ESTE	EP BRO	OTHERS FL	INERAL HO	ME,P.A.	YLAND 21217
1900		23a. Part 1. Enter the disease, or comp shock, or heart allure. List only	licetions that ceused he death	n. Do not enter the	mode of dyi	ing, such as cardi	ac or respiretory e	rrest,	Approximete Interval Between
Physician /Medical Examiner	iner	Immediete Cause (Final disease or condition resulting In death)	a. Coww.	r as a consequence	ton	ich,	metrs	titic	8 mora
rifficate be execute ng physician and as the burial-tran	Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	С.	as a consequence					
attendir for use	Physician/N		d						
t the death by the atter tached for s	ysic	Part II. Other significant conditions co	ntributing to death but not resu	ulting in the underly	ng ceuse gi	ven in Part I.	23b. Dld	tobacco use co	ntribute to the cause of death
<b>5.8</b>	by Ph	none					10	Yes 2□ No	3 □ Probably 4 Unknow
s law requires has been sign pe 2 should be	Completed							an autopsy ormed?	24b. Were eutopsy findings availeble prior to completion of ceuse of death?
A 装置							1 🗆	Yes 2 No	1 ☐ Yes 2 ☐ No
Physician; this certific ral director,	Be	25. Wes cese referred to medicel exeminer?	Hospital:		- OII	hor	eath (Check only o		
Attending Phys r death. ector: After this by the funeral di	tion: To	1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	ER/Outpetient 3  28b. Time of Injury  M	28c. Inju Wo	4 🗆 Nursing		dence 8 Oth how injury occur	er (Specify) red
ner des rector	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At ho building, etc. (Specify	me, farm, street, fa	ctory, office		28f. Location ( City or To	Street and Numb wn, State)	per or Rural Route Number,
2 2 2 2	edicai (	29a. Certifier 1 Certifying Phy (Check only one)	sician: To the best of my know Iner: On the basis of examinati and manner stated.	vledge, death occur ion end/or investiga	red at the ti	me, date and place opinion, deeth occ	e, and due to the curred at the time,	ceuse(s) and ma date and place,	anner as stated. and due to the cause(s)
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To the Funeral Di completely filled in	Med	29b. Signature and title of certifier	Am AOO	AN	D . LICONS	1674	7	8	25 97
To be Hospitar's within 24 Hours at To the Funeral Di completely filled in	Med	> Sheldon	Auxel ompleted ceuse of death (Item	AD 23e) (Type, Print)	D	1634	-7	8	25 9 7
^	Med	29b. Signature and title of certifier  White of certifier  30. Name and eddress of person who compared to the	Amall ompleted ceuse of death (Item  J AMSE,	23e) (Type, Print)	D.	1634	-7	8	25 97



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		a part I 27 per MEO G 1. Decedent's Nama (First, Middle,		an	Certifica	ALG UI	Deall	2. Date of D			. Time of Death
Physic /Medi		JUANITA SEWA	ARD_					AUG.	25, 199	Year 7	0938 AM
Exami		4a. Facility Name (If not institution, s ST • AGNES HOS)		er)			4b. City, Town, or BALTIMO		th 4c. County	of Death	
Funeral Director		Unknown	Sex 7. 1□ M 2⊠ F	Aga (In yrs. 27	( last birthdey) If United Month	der 1 Yaa s Days	s Hours Min		irth Ney, Year)		(Stete or Foreign
and and		Usual Residence of Decadent  10a. Stete 10b. County		10c. Ci	ity, Town or Location					10d.	Inside City Limits
vith the Marylan or 28a-f show	tor	MD	N?A			BAL	TO				1∭ Yes 2□ No
ith the M or 28a-f	Director	10e. Street and Number	-		10f.	Zip Coda			10g. Citizen of V	What Country?	
23a	rai	748 EDGEWOOD	AVE			21	.206		U.S.	. A .	
72 hours after death with the Maryland 72 hours after 6ath with the Maryland naturel', or items 23a or 28a-f show alsal Examinet must be moffred at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Deceda Armed Force 1  Yas 2 If Yes, Give Yaar or Date	s? <del>X</del> No		cedent of pecify Cu 2 X No	Hispanic Origin? (S ban, Mexicen, Puer Specify:	Specify Yes or N to Rican, etc.)	o- 14. Rac Blac Specify	a - Amaricen i ck, White, atc.	
"naturel",	eted	15. Decedent's (Specify only highest of	Education		16a. Decedent's U	sual Occi	upation e during most of wo	rkina	18b. Kind of B	usiness/indust	ry
d withir diene.	Completed	Elemantary/Secondery (0-12) 8th	College (1-4c	or 5+)	UNE!		e during most of wo ed) YED	9	N/A		
d 2 should be filed the and Mental Hygie 7 is marked other traumatic event, to	Be	17. Father's Name (First, Middle, La	st)				18. Mother's Ne	me (First, Middle	e, Meidan Suman	na)	
2 should be f and Mental I is marked of aumatic eve	2	ALPHONZO SEW							OREMAN		
alth and 27 is m		19a. informant's Name/Relationship					et end Number or R			Stete, Zip Cod	de)
80=5		ALPHONZO SEWA  20e. Method of Disposition  1  Burlal 2 □ Cremation 3  4 □ Donation 5 □ Other (Spe	☐Removel from Sta	10	1748 EDC Plece of Disposition (/ cemetery, cremetory of BUTUS MEN	leme of r other pi	OD AVE	BALTO, AUG <sup>ate</sup> 29 1997	MD 212 20c. Location -	City or Town,	State
permit. Pa Departmen Important: any injury		21. Signature of Juneral Servica Lice					ress of Facility BE		NERAL H	OME	
405 e a		Patricia	Betts		1129	N.	CAROLII	VE ST	BALTO,	MD 21	213
Examiner of properties of physician and as the burist-fransit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (d	or as a consequence of	f):		- 3			
ath cert attending for use	M/us		d							-	
the atte	Physician/M	Part II. Other significant conditions	contributing to death	but not res	sulting in the underlyin	g cause g	iven in Part I.	23b. Did	l tobacco uae co	ntribute to the	cause of death?
nat the	by Phy							1	Yes 2 No	3 Probabl	y 4 Unknow
aw requir	Completed I								s an autopsy formed?	availab	autopsy findings bla prior to etion of cause th?
cate ha								1/20	Yes 2□No	1/XYe	es 2 No
Physician: The this certificate ral director, pag	Be C	25. Was case referred to medical exeminer?	Hospital:			0	28. Place of De				
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after death. Director: After d in by the tune	ation	XXINaturel 5 Panding 2 Accident investigat	(Month, I	Jey Year)	Injury M		ork? □ Yes 2 □ No		,,,,,		
al or Attendi	Certification:	3 ☐ Suicide 6 ☐ Could not determine	d 28e. Placa of	Injury - At h etc. (Specil	ome, farm, street, fact fy)	ory, office	3	28f. Location City or To	(Street and Numb own, State)	er or Rural Ro	oute Number,
a Hospital or 24 hours eth Furneral Dir etsly filled in	edical	29a. Certifier 1 Certifying F	Phyaictan: To the besimmer: On the besis	of examina	owledge, death occurrent ation and/or investigeti	ed et the ton, in my	time, dete end plece opinion, death occu	e, and due to the urred at the time	e cause(s) and me , dete end place,	enner as steted and due to the	d. cause(s)
To the	Me	29b. Signatur and title of certifier	٨	Λ		9c. Licer	nse number		29d. Data signe	d (Month, Day	Year)
1278		Clarate	sted	(1)		0.	C.M.E		AUG. 2	26, 199	7
. /		30. Name and address of person who	completed cause of		n 23e) (Type, Print) 11 Penn St	reet	, Baltim	ore, Man	vland 2	1201	
Sta Regista		31. Date filed (Month, Day, Year) AUG 2 7 1997	Julia Dan	strar's Sigh	PHARM						

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Avaust 12:47AM 26 /Medical Facility Name (If not institution, 4b. City, Town, of Location of Deeth 4c. County of Deeth **Examiner** Baltimor Under 24 Hrs. 8, Date of A enler If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** Days 220-24-091 Usual Residence of Decedent 1□ M 211 F Director Yrs. 10a. State 10b. County Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner name be notified at 1 Pres 2 No Director 10001 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 35 3 Itams 23a rce Funerai 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if liem 27 is marked other than "natural", or flat any lijury or other traumatic event, the Medical Exacutes 5008. 1 ☐ Yes 2 1 No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Blac by Specify: 3 Dividowed 4 □ Divorced Completed 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) omemaker 12 17. Father's Name (First, Middle, Last) Mother's Name (First, Middle, Maiden Sumame) Cobert 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) (50n) 9833 Winands Road, Randallstown, md 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location -City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 □ Donation 5 □ Other (Specify) w. north ave 21. Sign: June of Funerel Service Licensee 22. Name and Address of Fecility Joseph L Funeral - KUSS Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel month disease or condition resulting in deeth) **Examiner** Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): of Vital Records, P.O. Box 68760 Physician/Medical 2 Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Ē 1 Yes 2 No 3 Probably 4 Unknown bergie d be det þ 24b. Were autopsy findings available prior to completion of cause of deeth? Be Completed 24a. Was an autopsy performed? 78 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Tother (Specify) 1 ☐ Yes 2 No Medicai Certification: To 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Natural 5 Pending investigation one 1 Yes 2 Accident 3 Suicide 6 ☐ Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the Ho within 24 to To the Fur 29b. Signeture and of certifier 29c. License number 29d. Date aigned (Month, Day, Year) ise of death (fleg( 23a) (Type, Print) 30. Name and address of person who complete

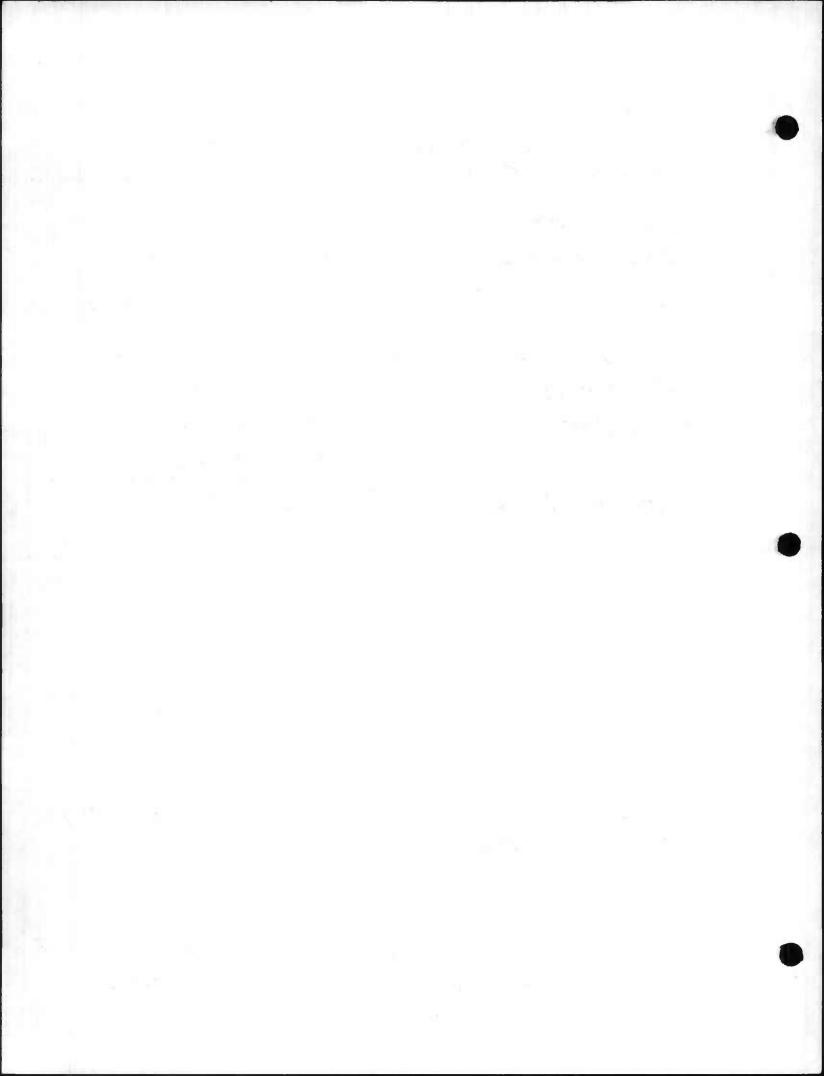
State Registrar

31. Dete filed (Month, Day, Year)

124

32. Registrar's Signature Julia Javidson

N. Charles



10f. Zip Coda

21221

1 Nas 2 No

10g. Citizan of What Country?

USA

KENNETH	D.	SMITH	

State of Maryland / Department of Health and Mental Hygiene 25978 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death **Physician** Month Veer Kenneth Dale Smith 22 1997 12:19 PM AUGUST /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE BALTIMORE FRANKLIN SOUARE HOSPITAL 8. Data of Birth (Month, Day, Yea March 3, If Undar 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs. 5. Social Security Number 6. Sax 1 AM 2 F **Funeral**  Birthplace (State or Foreign Country) Days Hours 212-50-5638 Yrs. 49 Director 1948 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits

Baltimore

28a-f show items 23a or 28a-f shiner must be notified Director Baltimore, Maryland 21215-0020 by

Maryland

10e. Street and Number

None

99 Stemmers Run Rd. Apt. G

30. Name and addrass of person who completed cause of death (Item 23a) (Typa, Print)

32. Registrar's Signature

ia Pavidson-Rande 12

Pages 1 and 2 should be filed within 72 hours after nent of Haaith and Mental Hygiene. Int: If item 27 is marked other than "natural", or ite permit. Pages 1 Department of H Important: If iter any injury or ott once.

**Physician** /Medical Examiner

certificate be exec Records, P.O. Box 68760. Ž 2 Division of Vital Atter Attending or A. urs after dea. V Director: A. in by the hours Funeral

12. Was Decedent Ever In U.S. Armed Forces? 1 ② Yas 2 □ No It Yes, Give Year or Dates: 68 - 69 14. Race - American Indian, Black, White, etc. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Navar Married 2 Married 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind ot Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Unknown Unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surnama) Be John Smith Hattie Bryant 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 99 Stemmers Run Rd. Apt. G Baltimore, Md. 21221 Hattie Bryant / Mother 20e. Method of Disposition

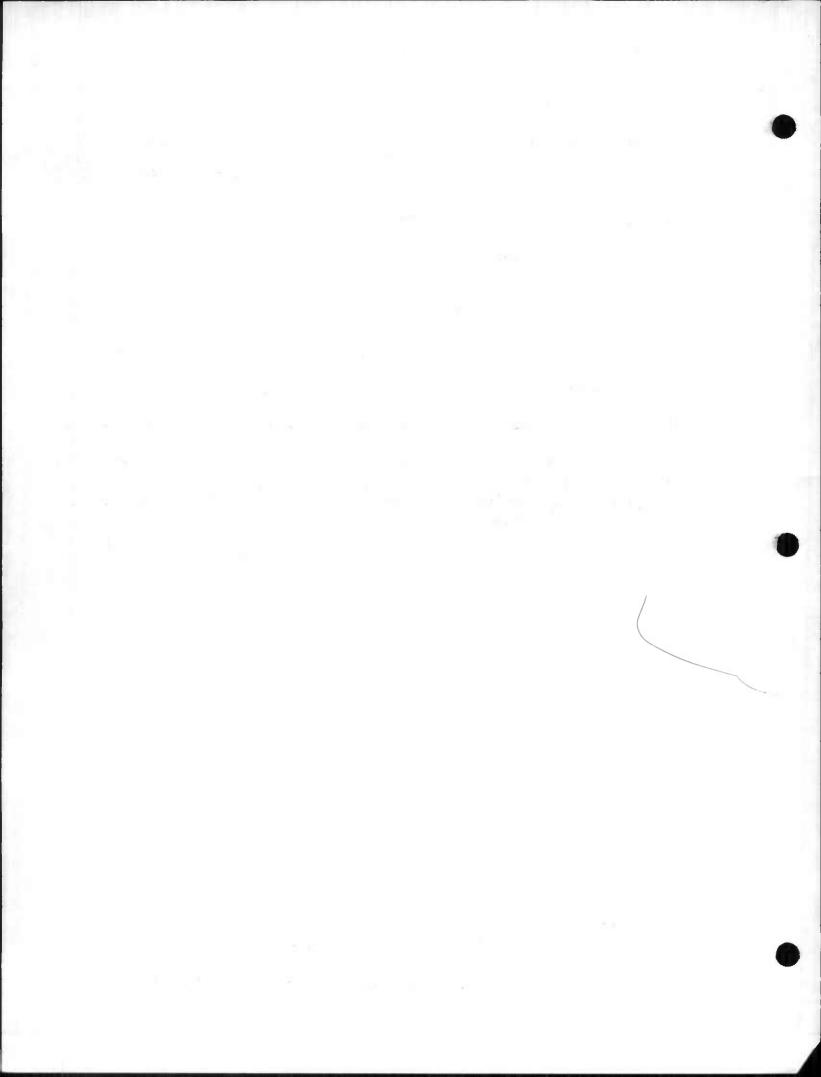
1 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Special 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 8-27-97 Owings Mills, Md. Garrison Forest Signature of Funeral Service License 22. Nama and Addrass of Facility The Derrick C. Jones Funeral Home 4611 Park Heights Ave. Baltimore, Md. 21215 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on ach line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) Anterioselerolic cardiovascular disea Physician/Medical Examiner Sequantially list conditions, if any, leading to Immediate ceuse. Entar Undartying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): Due to (or as a consequenca ot): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown à 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? 1 RYes 2 No Be 25. Was cese reterred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1⊠ Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Time of 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be datermined 3 Suicide Location (Straat and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, tarm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To tha best of my knowledga, daath occurred at the time, date and place, and due to tha causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, date and place, and due to the cause(s) and mannar stated. 29a. Certifier edical 29b. Signature and title of certifiar 29c. Licensa number 29d. Date signed (Month, Day, Yaar) Honald & Wright MD O.C.M.E. AUGUST 23,1997

DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201

State Registrar

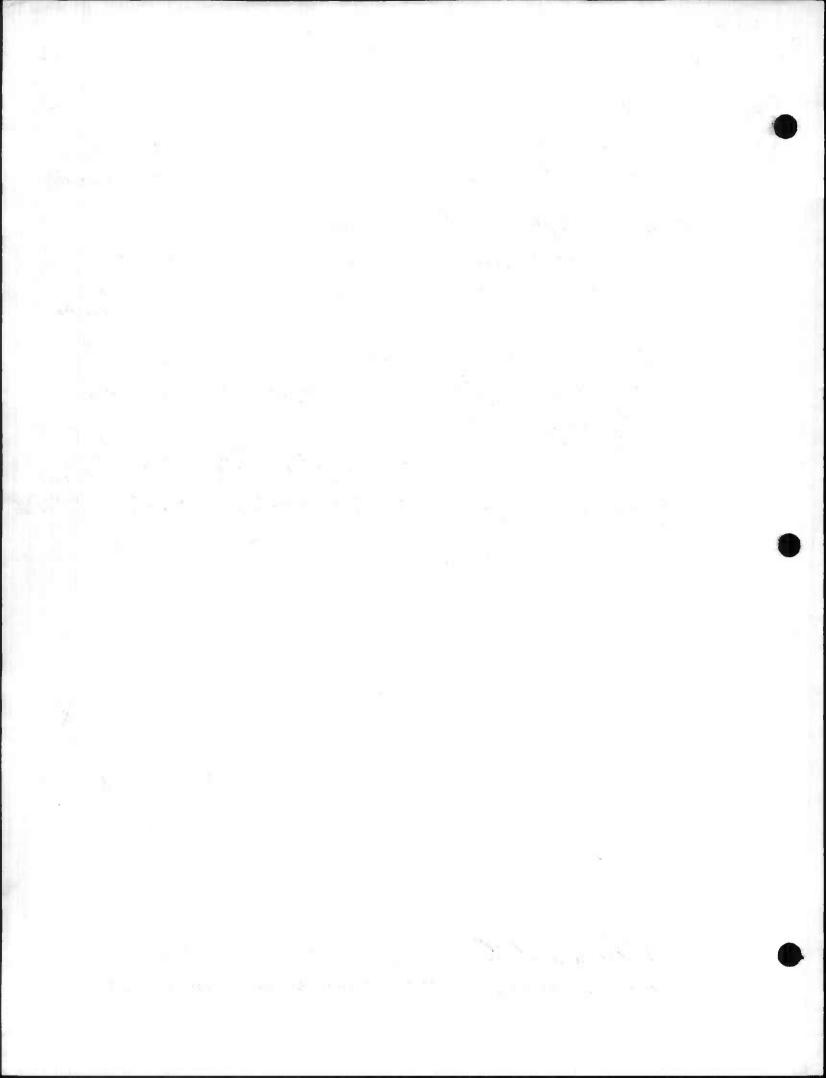
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State of Maryland / Department of Health and Mental Hygiene 9 7

Physici /Modia	an	Dart I,27,28a-f per MEI  Decedent's Name (First, Middle, La		loe		2. Dete of Deeth Month AUGUST 23	Dey	Year	ime of Deeth
/Medic Examir	_	4a. Fecility Neme (If not Institution, giv		7010	4b. City, Town, or L	ocation of Death	4c. County		74JEN1
Funeral Director	a	112 39 2160		t birthday) If Under Months Yrs.	BALTIMOR  1 Year If Under 24 Hrs.  Deys Hours Min.	8. Dete of Birth (Month, Dey, Yo	-38 K	9. Birthplece (S	State or Fore
n the Maryland r 28a-f show	ctor	Usuel Residence of Decedent  10a. Stete 10b. County	10c. City.	Town or Location	rp,				ide City Limi
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within 72 hours effer dea ene. than "natural", or frems he Medical Examiner m	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces?  1  Yes 2 No If Yes, Give Yeer or Detes:	1□Yes 2				meric	AN
70 70 5 10	Completed	15. Decedent's Ec (Specify only highest gre Elementery/Secondary (0-12)	College (1-4or 5+)	16e. Decedent's Usue (Give kind of work life. DO NOT us		ing 161	BAITO	siness/industry	4
hould be filed Mental Hygi marked other matic event, I	To Be C	17. Fether's Neme (First, Middle, Last) Waller FRI	ancis TAYL	be	18. Mother's Nem	e (First, Middle, Mei	1:191	MAN	1
nit. Peges 1 and 2 should artment of Health and Mer ortant: If fram 27 is marks Injury or other traumatic 8.		19a. Informent's Name/Reletionship (1)  20a. Method of Disposition  1 Burial 2 Cremetion 3 □  4 □ Donetion 5 □ Other (Specific	Removal trom State   20b. Pleacent	19b. Meiling Address  (50 50)  See of Disposition (Namelery, crematory or of		St, BAI	Emor	State, Zip Code, City or Town, St	2123
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Physician /Medical Examiner	_	Immediate Ceuse (Final disease or condition resulting in deeth)	e. NARCOTIC INT					Interv	rei Between t end Deeth
rificate be executed 19 physician end as the burial-fransit	Aedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest	c	s e consequence of):					
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by the	by Phy					1 □ Yes	2□ No	3 Probably	4 Unkn
pe de						24e. Wes en s	utopsy	24b. Were aut eveilable	prior to
requ						performed		of death?	
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Ihe law requate has been page 2 shoul	To Be Completed	25. Wes case reterred to medical examiner?  1⊠ Yes 2□ No  27. Menner of Deeth		VOutpatient 3 □ DO	Other: 4 Nursing Ho	performed	2 □ No e 8 □ Othe	of death?	
sician: The law requirections to be seen rector, page 2 should rector.	To Be Completed	examiner? 1⊠ Yes 2□ No	28e. Plece of Injury (Month, Dey Year)  8/23/97  28e. Plece of Injury - At home building, etc. (Specify)	3b. Time of A 28 Injury M	Other: 4 Nursing Ho tc. Injury et Work? 1 Yes 2 No	performed  1 Yes h (Check only one) me 5 Aesidence 28d. Describe how the control of the control	2 No  e 8 Othe injury occurre if end Numbe	of death?  1 Yes  r (Specify)  d	2 No
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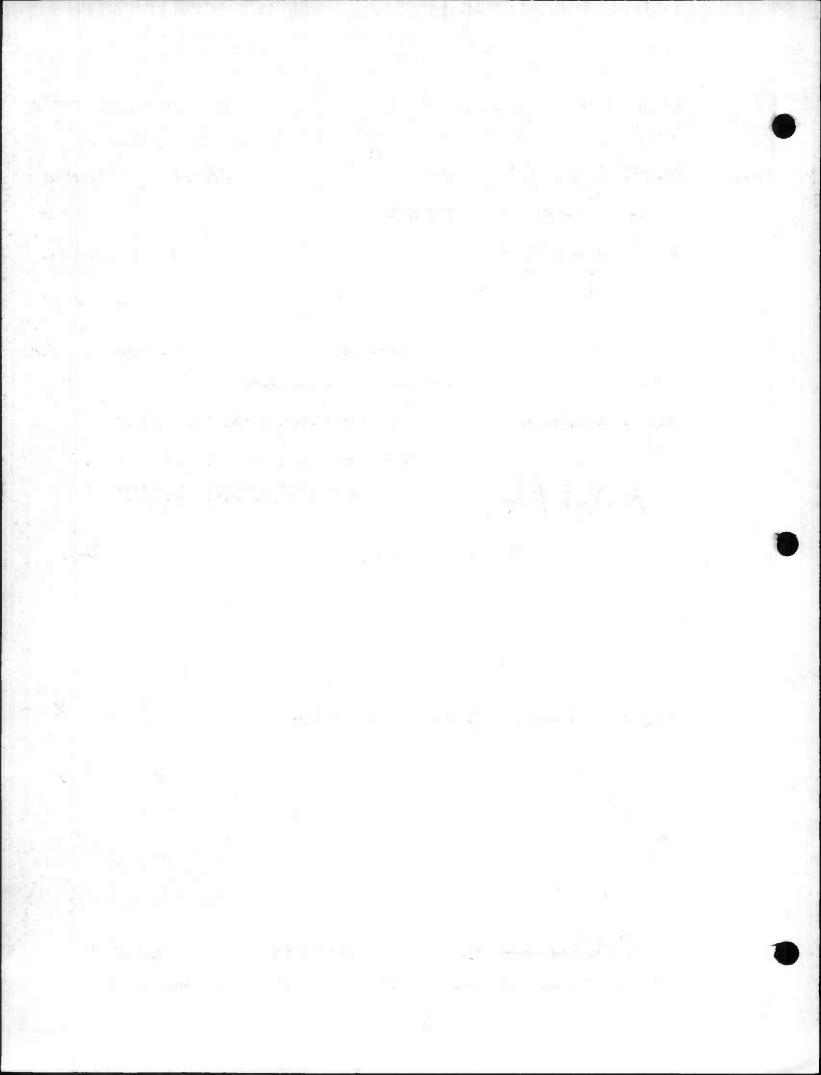


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death 3. Tima of Death **Physician** Month 1055/A EUZABETH VILLA 08 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner DAK CREST VILLAGE "CARE CENTER PARKVILLE, MO. Baltimore If Undar 24 Hrs. 8. Hours Min. If Undar 1 Yaar 5. Social Sacurity Number 6. Sax Data of Birth (Month, Day, Year) 3/28/11 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🕱 F 220-40-9702 86 Director Yrs MARYLAND Usual Rasidance of Decedant daath with the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f show Examiner must be notified at MD Baltimore Parkville Director 1 Tyas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8800 WALTHER BLUD. 21234 AMERICAN - USA Funeral 12. Was Decedant Evar In U,S Armed Forcas? 14. Raca - Amarican Indian, Biack, Whita, atc. 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Pages 1 and 2 should be filed within 72 hours after tant of Hauth and Mantal Hygiene.
Int: If item 27 is marked other than "natural", or item
ITY or other traumatic event, fire Med call far are.
ITY or other traumatic event, fire Med call far are. 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas; Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed th and Mantal Hygiena.

7 is marked other than "natur traumstic event, the Medical 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education ify only highast grada complated) 16b. Kind of Businass/Industry (Specify only highast Eiamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Father's Nama (First, Middla, Last) 18. Mothar's Neme (First, Middla, Maidan Surnama) Be John Thurnhuber Katherine Diem 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) John J. Villa/Husband 8800 Walther Blvd. Parkville, MD. 21234 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Steta 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata permit. Paga Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Most Holy Redeemer Cem. 8-29-97 Baltimore, MD. 22. Nama and Addrass of Facility
Ruck Towson Funeral Home, Inc.
1050 York Rd. Towson, MD. 21204 21. Signatura of Funaral Sarvica Licansa 23a. Part 1. Entar tha disaase of complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximata Intarvai Batween Onset and Death **Physician** /Medical Immediete Causa (Final Days Obtundation disaasa or condition Examiner Dua to (or as e consequença of) Examiner ician and bunal-transit The law requires that the deeth cartificate be axecuted Saquentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury thet initiated events rasuiting in daath) Last Dua to (or as a consequence of) physician s tha burial P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) 80 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown hlo (B) Frontal homorrage; Dementa of Alzhermer Type Records, paga 2 should 24b. Ware autopsy findings availabla prior to completion of causa of daath? Completed 24a. Was en eutopsy performed? this cartificate 210 No 1 Yas Division of Vital Hospital or Attending Physician: director. 25. Was casa rafarred to medical Be 26. Place of Deeth (Check only ona) axaminar? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Lo 1 Yas 2 No funaral 27. Manner of Death 28c. Injury at Work? edical Certification: 28a. Date of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of Aftar 1 Netural 5 Panding after death. 1 ☐ Yas 2 ☐ No 2 Accidant invastigation in by the 3 Suicida 6 Could not be 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours 1 Certifying Phyeician: To tha best of my knowledge, death occurred at tha tima, date and place, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigetion, in my opinion, death occurred at tha tima, data and place, and dua to the ceusa(s) and manner steted. 29a. Certifian 29b. Signatura and titia of cartifian 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 30. Nama and addrass of person who complated cause of deeth (Item 23e) (Type, Print) 8832 Walther Blud. Balto. MD Brock A. Beamer O.C.V.C.C, 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signature State AUG 2 7 1997 Registrar

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Day 1997 HELEN WEISS 14, Aug. 7:17 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Carroll County General Hospital Westminister Carroll If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours 1□M 2₩F Director 214-01-7834 Jan. 27, 1914 Maryland Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Menyland nent of Health and Mentel Hygiene. Instit if Item 271 is marked other than "natural", or items 238 or 28s-f show any or other tran "natural", and we have the mortised at the most per notified at any or other traumatic event, makes less than the notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Carroll Sykesville Director 1 ☐ Yes 2 No 10e. Street end Number 10f, Zip Code 10g. Citizen of What Country? 5466 Mineral Hill Road 21784 by Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates: Specify: Black. 3 ☐ Widowed 4 ☑ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working iife. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary School System 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) David Carroll Hoare Ruth Helen Hohl 19a. intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carol J. Horne/neice 2435 W. Valley Lane, Taneytown, Maryland 21787 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Dete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Department or Important: If any Injury or 4 Donation 5 Other (Specify) Wede, Director State Anatomy Board, 655 W. Baltimore Street 21. Signature of Puneral Service Licansee Ronald S been Baltimore, Maryland 21201 23a. Fart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 24 HRS. Examiner Examiner The law requires that the death certificate be executed bunal-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last pur SCHRUIC Physician/Medical the for use signed by the at If be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings eveilable prior to completion of cause ot death? Completed 24a. Was an autopsy performed? page 2 certificate 1 ☐ Yes 2 ☐ No director, 25. Was case reterred to medical Be 26. Place of Death (Check only one) Hospital: 1 Denpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2₩ No Certification: To this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending investigation 1 (DNatural deeth. 1 ☐ Yes 2 ☐ No 2 Accident ofter deeth filled in by the 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Physicten: To the best ot my knowledge, death occurred at the time, date and pleca, end due to the cause(s) end menner as stated. 29a, Certifier Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) manner stated.

Records, Division of Vital Hospital or Attending Physician: within 24 hours e \$

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Tunesus

29b. Signature and tige of certifier

29c. License number

020806

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) TURNES,

1425 LIBERTY RD ELDERSBURG MD

State Registrar 31. Date tiled (Month, Day, Year)
AUG 27 1997 32. Registrar's Signature Acha Vavidson

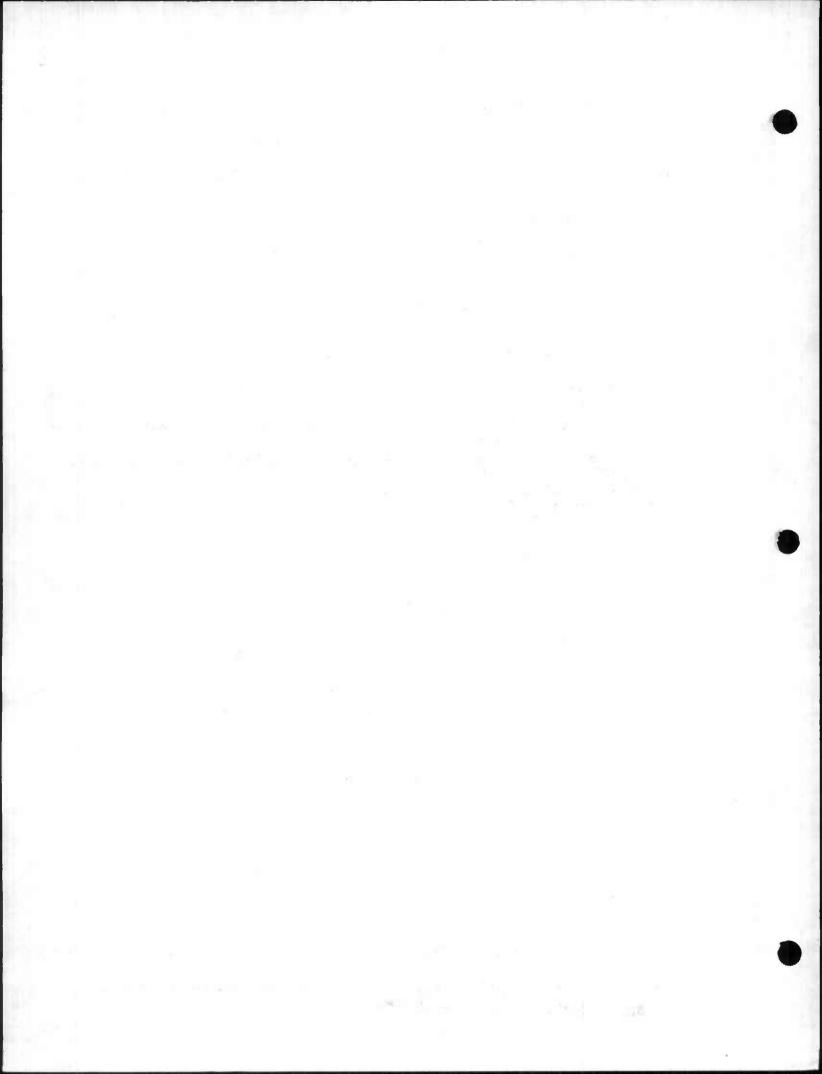
State of Maryland / Department of Health and Mental Hygiene 97 25982

				Ce	rtificate o	f Death		Reg. No.	1 6	0000
		1. Decedant's Name (First, Middla, La	st)				2. Date of Da	aath		3. Tima of Deeth
Physician /Medical		Thomas Anthony	Wilczynski				Augu	17 24	1997	8:10 p.
Examiner	_	4a. Facility Nama (If not institution, giv				4b. City, Town, or		1/	ty of Death	1.
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Funeral Director		5. Social Sacurity Number 6. S		rs. last birthday, Yrs.	Months Day		6. Data of Bi (Month, Di NOV . 1		-	placa (Stata or Foreign http:) Land
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sho	_		100.	City, Town or L					1	10d. Insida City Limits  1 Yas 2 No
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0 5		3 ☑ Widowad 4 ☐ Divorced	1 X Yas 2 □ No If Yas, Giva Yaar or Datas: 1941	1015	1□Yas 2XN	o Specify:		Speci	fy: tul-	i de a
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othe		20a. Mathod of Disposition		. Placa of Dispo	osition (Nama of		Data	20c. Location		
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any ir	1	13: 1	1	Š	chimunet	E Funeral	Home In	c.		
	-	/ Man	puis	3	331 Brek	ims Lane.	Baltimo	re. Mar	yland	21213
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7	3	0. Name and addrass of person who o	completed ceusa of deeth (Ita	m 23a) (Type,	Print)				,	1
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DHMH 16 Rev 6/95

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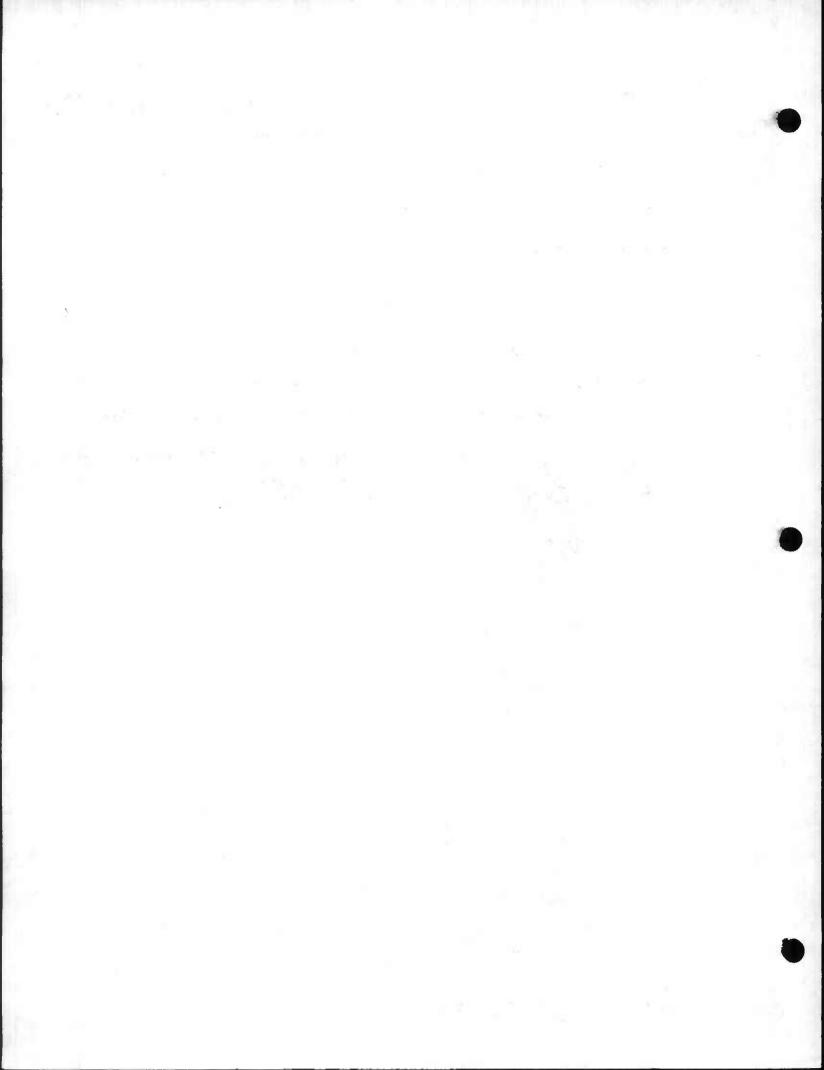
-Thomas H.



State of Maryland / Department of Health and Mental Hygiene 25983 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death TIMOTHY WILSON **Physician** Month Ab. City, Town, or Location of Death /Medical 4a. Facility Neme (If not Institution, give street end number) **Examiner** Mercy Hospital Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 1 → M 2 □ F Months 213-78-2864 Yrs. Director 30 Nov. 7, 1966 Maryland Usual Residence of Decedent with the Maryland 10a State 10b. County 10c City Town or Location 28a-f show 10d. inside City Limits il Hygiene. other than "natural", or items 23a or 28a-f show went, the Medical Examinet must be notified at Maryland N/A Baltimore NO Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21217 1215 Myrtle Avenue Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. filed within 72 hours after 1 ☐Never Married 2 ☐ Married ☐ Yes 2 No Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify: Black. P 3 Widowed 4 Divorced Year or Dates: Completed 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 11 unknown unknown 17. Father's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked oth any liqury or other traumatic event spice. Be 18. Mother's Name (First, Middle, Melden Surname) James E. Wilson Rosa Newman 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Debra Newman/sister-in-law 689 Mesquite Road, Severn, Maryland 21144 20a. Method of Disposition 20b. Place of Disposition (Neme of Dete 20c. Location - City or Town, Stete cemetery, cremetory or other place) 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Jersulem Bapt. Ch.Cemetery 8/30/97 Oldhams, Virginia o Figheral Service License 22. Name end Address of Facility
Central VA Funeral Service, P.O. Box 26528 Richmond, Virginia 23261 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical ACQUIRED IMMUNE DEFICIENCY SYNDROME UNKNOWN Examiner Due to (or as a consequenca of): INFECTION UNKNEW The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Box 68760, nding physician Physician/Medical Due to (or as a consequence of): of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? à 1 ☐ Yes 20 No 3 ☐ Probably 4 ☐ Unknown Solizophrenic Serture disurder by 24b. Were autopsy findings available prior to Completed 24a. Was an eutopsy completion of cause of death? this certificate 1 ☐ Yes 200No 1 ☐ Yes 2 ☐ No hysician: Be 26. Plece of Death (Check only one) STELLA MARIS AT MERCY 25. Was case referred to medical Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other:  ${}_{4}\square$  Nursing Home  ${}_{5}\square$  Residenca  ${}_{8}$   $\boxtimes$ Other (Specify) HOSPICECertification: To 1 Yes 2 No 27. Menner of Death 28a. Dete of Injury (Month, Dey Yeer) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1/8 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 152 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Hos within 24 h To the Fun completely (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Jano mo 040480 August 27, 1997 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) BELAIR RO 5810 FERERO, MO FERNANDO BALTO, MO 21206 31. Date filed (Month, Day, Yeer) 32. Registrer's Signature AUG 27 1997 Registrar

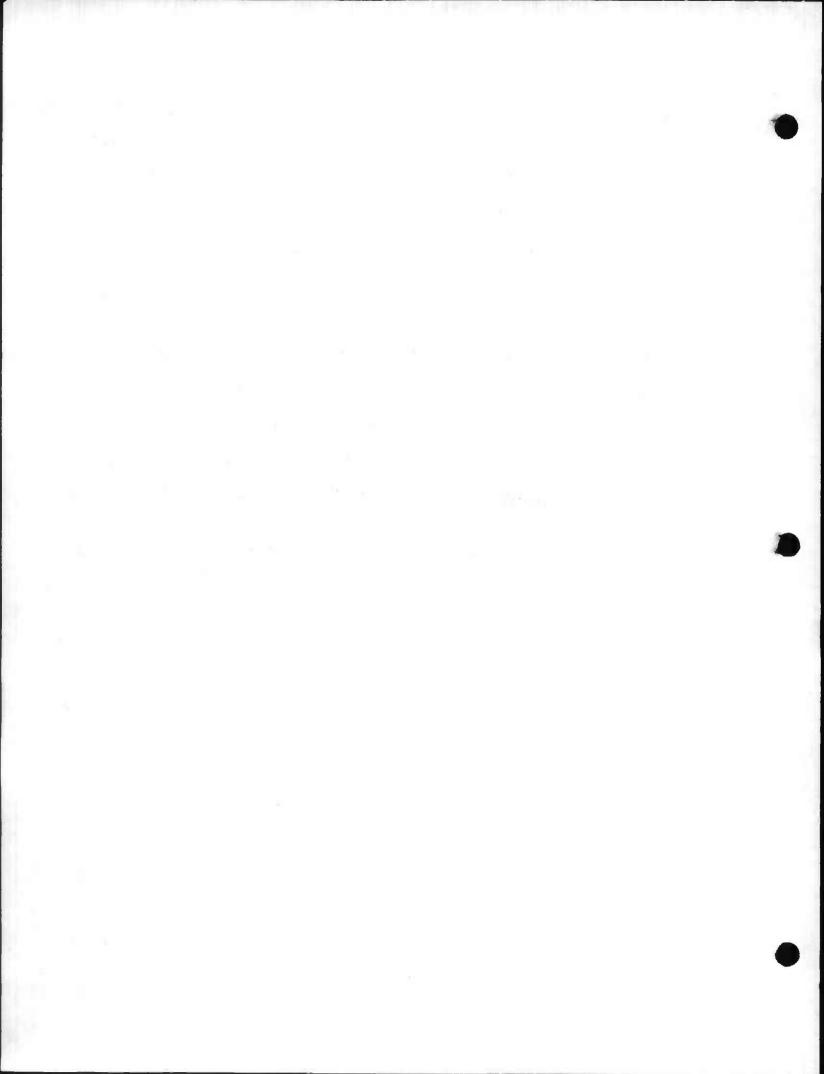
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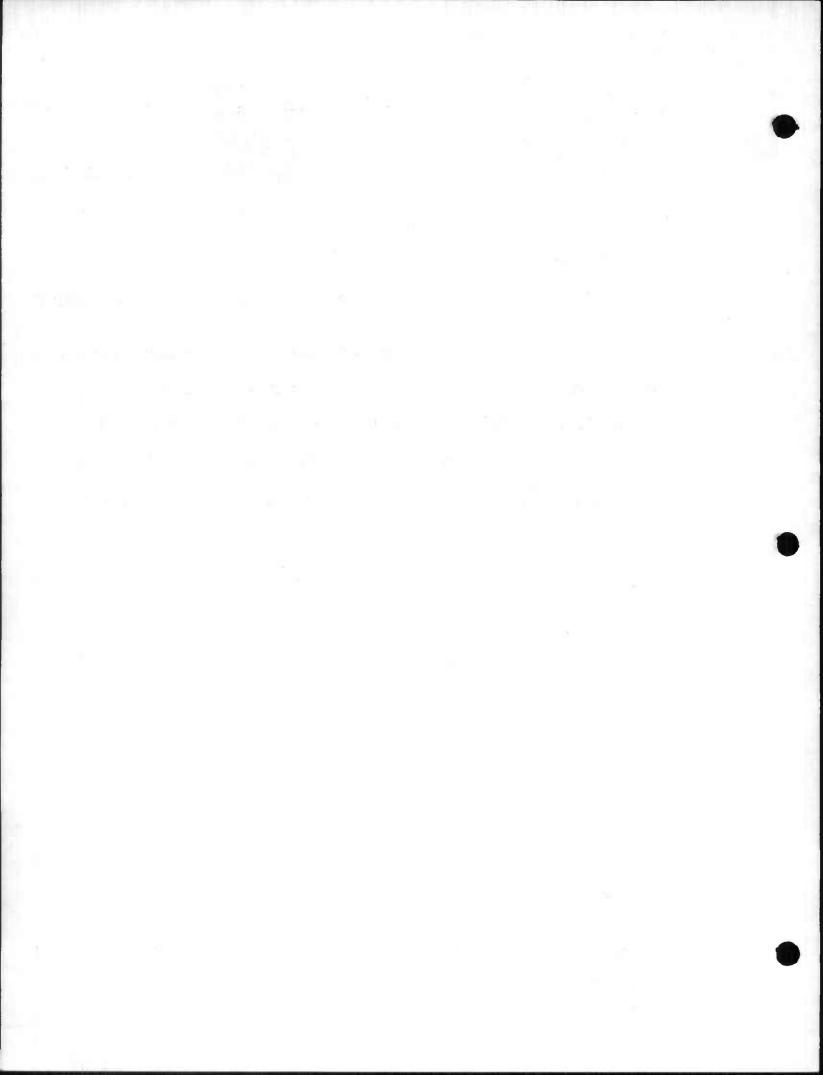
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					Certifica	ate of	Death		Reg. No.	1 6	0 0 0 4
Physic	ian	1. Decedant's Name (First, Middle, Las	0	1				2. Date of D	eath Day	Year 3	. Time of Death
/Medi		Veora y	n wo	Ide				Aug		997	9.35A
Exami	ner	4a. Facility Name (If not institution, give	street and number)	11	1/	4	lb. City, Town, o	r Location of aa	th 4c. County	of Death	
		Hargord G	ardens 1	A M	ring Hor	ne	BALTO			N/A	
Funeral Director		5. Social Security Number 6. Sec. 11  237-22-5881  Usual Residence of Decedant	7. Age (In			ler 1 Year s Days	If Under 24 Hr Hours Min		rth ay, Year) 4, 1917	9. Birthplace Country)	(State or Fora
the Maryland 28a-f show	tor	10a. State 10b. County	N/A 100	. City, Tow	n or Location		BALTO				Insida City Limi
a or 28s	al Director	10e. Street and Number 1104 N. MONTE	FORD AVE		10f. 2	Zip Coda	1213		10g. Citizen of V	What Country?	
within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Madical Examinar must be nothed at	by Funeral	11. Marital Status  1 Nevar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Dacedent Ever Armed Forces? 1 Yes 2 XNo If Yes, Give Yaar or Dates:	In U,S.			ispanic Origin? ( in, Maxican, Pua Specify:	(Specify Yes or Narto Rican, etc.)		ca - Amarican I ck, White, etc.	
within 72 hours iene. 'than "natural", tre Medical Exc	Completed	15. Decedent's Ed (Specify only highest grad	ucation de com <i>pleted)</i>	16a	Decedant's Us	vork done	during most of w	rorking	16b. Kind of B	usinass/Indust	ry
within ene. then	шb	Elamentary/Secondary (0-12)	Collega (1-4or 5+)		life. DO NOT				CLEAN	TEDC	
		9th 17. Father's Nama (First, Middle, Last)	N/A		STEAM	PRES		ame (First, Middle			
12 should be filed h and Mantal Hygi 7 Is marked other traumatic event, t	o Be								., .v.a.Jan Juman	. 3)	
and Malandis mark	70	FRED BREW  19a. Informant's Name/Relationship (7)	vpe. Print)	198	. Mailino Addra	ss /Street		COUCH  Pural Route Numl	per. City or Town.	State. Zip Co.	de)
end 2 sealth ar		MARY SOTO						AVE BA			
of He		20a. Method of Disposition 1	Removal from Stata	b. Placa o cemete	f Disposition (A ry, cramatory of IMORE	lame of r other plac	ee)	AUG 27	20c. Location -	City or Town,	
permit. Pag Depertment important: I any injury o		21. Signature of Funeral Service Licens	Bet				ss of Facility		UNERLA	HOME	213
Physician		23a. Part1. Enter the disaase, or comp shock, or heart failure. List only of	ne cause on each line.						arrest,	Inte	proximata erval Between set and Death
/Medical Examiner	Н	Immediate Cause (Final diseasa or condition resulting in death)	a. Cong.	es live	e Ca	rcho	myope	My		3	syns
	ē	vosaling in obaliny	Due	o (or as a	consequence o	f):	Co	lon		5	Ven
icate be executed physician and sthe burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	a. Congestive Carcho myopethy  Due to (or as a consequence of):  Carcho myopethy  Carcho myopethy  Due to (or as a consequence of):  Due to (or as a consequence of):								1,000
E 20	Medical	Cause (Disease or injury that Initiated events resulting in death) Last	c. Dua to (or as a consequenca of):								
atte	clan		0.								
tha d y the ached	Physician/	Part II. Other significant conditions co	ntributing to death but not	resulting li	n the undarlying	) cause giv	en in Part I.		tobacco use co Yes 2□ No		
aw requires is been sign 2 should be	Completed by								s an autopsy ormed?	avallat	utopsy findings de prior to etion of causa h?
0 - 0	E O							10	Yes 200	1 □ Ye	s 2010
certificate	Be (	25. Was casa referred to medical axaminer?					26. Place of D	eath (Check only	one)		
00	To	1 Yes 2 No	Hospital: 1 Inpatient	2 ☐ ER/O	utpatient 3 0	DOA Oth	er: 4 Nursing	Home 5 ☐ Res	Idence 8 Oth	er (Specify)	
After In		27. Manner of Death   Natural 5 Panding Investigation	28a. Date of Injury (Month, Day Yea		Time of Injury M	28c. Injur Wor 1 🗆	yat k? Yes 2 □ No	28d. Describe	how Injury occur	red	
三百書	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmInad	28e. Placa of Injury - Abuilding, etc. (Sp	At home, fa ecify)	irm, street, facto	ory, office			(Street and Numb wn, State)	per or Rural Ro	uta Num <i>ber,</i>
24 hours Funeral	edicai	29a. Cartifier (Check only one) 2 Medical Exami	aician: To the best of my ner: On the basis of exan and manner stated.	knowladge Ination an	a, daath occurra d/or Investigation	nd at tha tin	ne, date and place pinion, death occ	ca, and dua to the curred at the time	causa(s) and ma , date and placa,	annar as stated and dua to tha	d. causa(s)
	M	29b. Signature and title of certifier	James		2	9c. Licens	3064	.1	29d. Date signe	26/9	Year)
d		30. Name and address of person who c	ompleted cause of death (	item 23a)	(Type, Print)	308	821	N. Ev.	taust	Balto	WMD
CN	ite	31. Date filed (Month, Day, Year)	32. Registrar's S	ignature	777		•				21201



State of Maryland / Department of Health and Mental Hygiene 97 25985

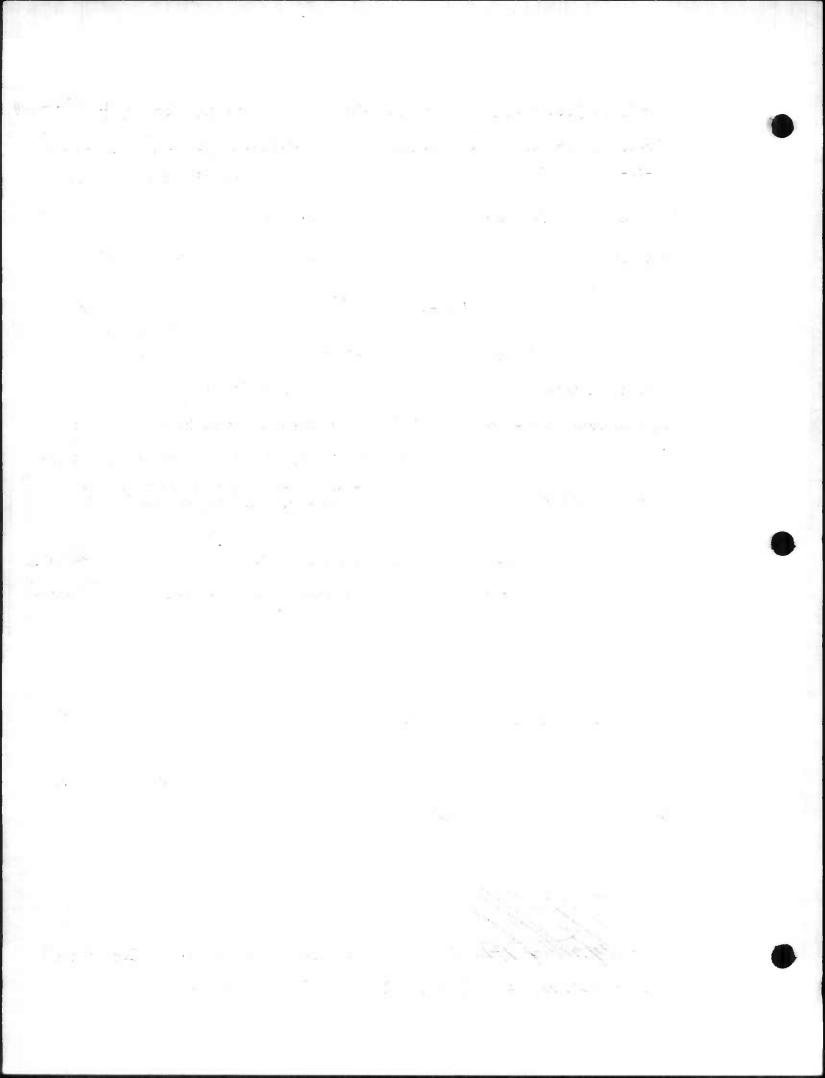
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	Physic /Medi		LEROY	W	ILLIA	MS	SR.	Augu		1997	10:20P1
7	Exami		4a. Fecility Neme (If not institution, gi				4b. City, Town, or	Location of Dee			
			SINAL HOSP	ITAL			BALTIM				
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	and **		Usuel Residence of Decedent  10e. Stete 10b. County	10c. C	ity, Town or Loc	ation					Od. Inside City Limits
	dany f sho	5	MARYLAND		BALTIMOR						Y Yes 2 No
	28a	Director	10e. Street and Number	L	DALITHUR	10f. Zip Coda			10g. Citizen of	What Count	tou?
	A o		5718 BLAND AVE.			21215			USA	Titlet Count	.,.
	Jeath Fig. 2	Funeral	11. Maritai Status	12. Was Decedent Evar In	U.S. 13. W		Hispanic Origin? (S	oecify Yas or N		ce - Amarica	an Indian.
0700-61717	72 hours after death with the Maryland naturel, or Items 23a or 28=4 show deat Everyles must be notified at	by	1 ☐ Naver Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 X Yas 2 □ No If Yas, Give Yeer or Dates: 51 - 5		Yes, specify Cut □ Yas 2 🗓 No	Hispanic Origin? (S ben, Maxican, Puar ) Specify:	to Rican, etc.)		ck, White, e	
ر ا	thin 72 hours B. BR "naturel", Medical Ex	Completed	15. Decedant's E (Specify only highast gr	ducation	16e. Decede	ent's Usuel Occu	ipetion	rkina	16b. Kind of B	usinass/Ind	ustry
7	within ene. than	nple	Elamentary/Secondery (0-12)	College (1-4or 5+)			e during most of wo	ikiig			
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Maryland	d la b	Be	17. Fethar's Neme (First, Middle, Las	,					e, Maidan Sumar	n <i>e)</i>	
2	nd Meni	2	DAVE WILLI				THEOL		LLIAMS		
0	2 4 5 6		19e. Informant's Name/Relationship		- 22 20111		et and Number or R				
-	of Health Item 27 other to		ABBIE LEE WILLIA				AVE, BALT				
5	@ O - L		20e. Method of Disposition  1 Disposition 3	Removei from State	Placa of Disposi cemetery, cremi	atory or other ple	-	Dete	20c. Location	- City or Tov	vn, State
aiminore	tmen tant: jury		4 Donation 5 Other (Speci	fy) GA	RRISON				OWINGS	MILL,	MD.
Dal	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Service Libe	m. Osler	ES 13	Name and Addit TEP BRO OO EUTAI	ess of Fecility THERS FUN W PLACE,	ERA1 HO BALTIMO	ME P.A. RE, MARY	/LAND	21217
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	/Medicai Examiner		Immediete Ceuse (Fine) disease or condition	ENDO	CARDI	725				U	wheren
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5.	be ey ician burie	m m	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Diseese or Injury	& ALMEN	TENS	70N				U	MKNOWN
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	ry the	iysi	Pert II. Other significant conditions	contributing to death but not re	sulting In the und	derlying cause g	iven in Pert I.				the cause of death?
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	v requires been sign should be	ed by							s en eutopsy ormed?	24b. Wei	re eutopsy findings ilabla prior to
2	_ O 0	plet						pon	01111001	com	nplation of cause leeth?
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	th. TAfter thi	atlon: T	27. Mannar of Deeth  ONatural 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju			how injury occur		
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	$\wedge$		30. Neme end address of person who	complated cause of deeth (Ite	m 23e) (Type. P			1 30		IVC	
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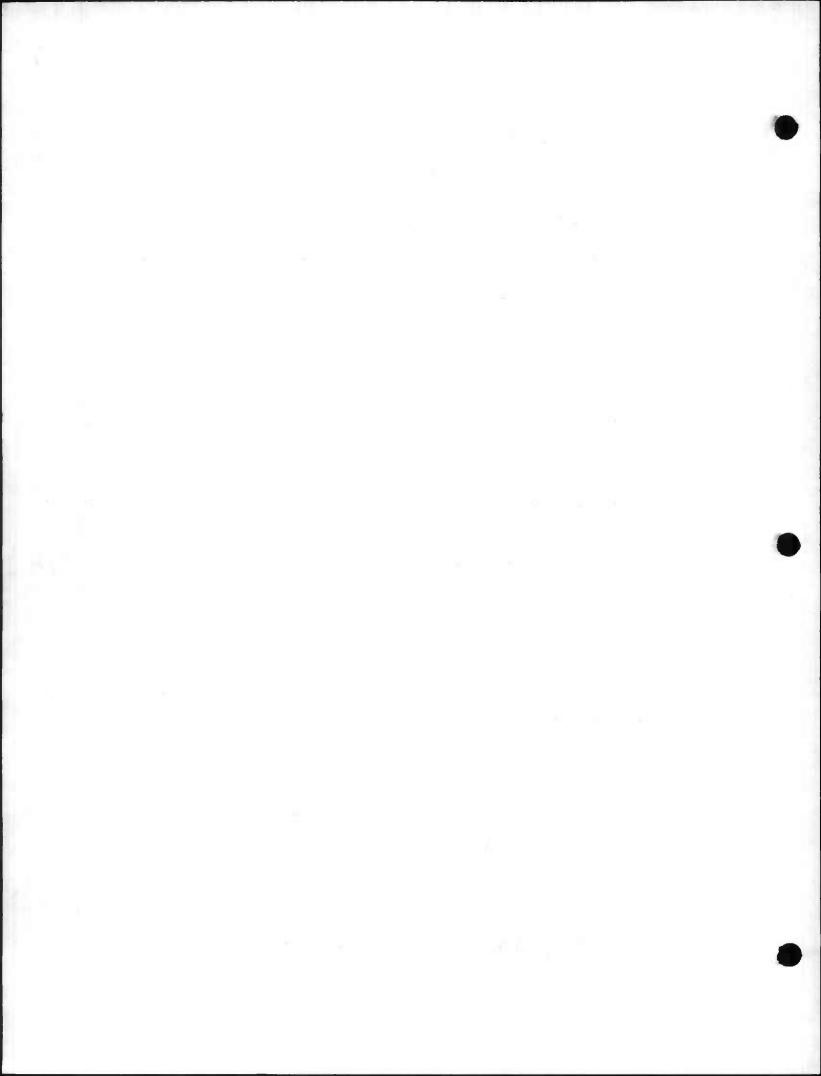
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Examin		4e. Facility Neme (If not Institution, gi					4b	. City, To		ation of Deeth		of Death	
Funeral Director		5. Social Security Number 6.	R	(In yrs. last b	pirthday) Yrs.	If Under 1	Year Deys	If Under Hours	Min.	8. Dete of Birti (Month, Day			ace (State or Poreign
Director		Usuel Residence of Decedent	0	2						sune 1	3,1915	Mar	yland
Marylan a-f show iffed at	tor	10a. Stete 10b. County Maryland	Baltimore	10c. City, To	wn or Loc	ation	1	Jundo	alk			10	od. Inside City Limits 1 ☐ Yes XX No
P 28	Director	10e. Street and Number				10f. Zip C	Code				10g. Citizen of	Whet Coun	try?
		7046 Dunhill Roa	d				27	1222			United	Stat	es
urs after des al', or Herne Examiner m	by Funeral	11. Meritel Stetus  1 Never Merried 3 Married  3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 12 Yes 2 N If Yes, Give Yeer or Detes:	0	1	Ves Decede Yes, specif		penic Ori , Mexicar Specify:		ify Yes or No- ican, etc.)	14. Red Ble Specif	ck, White, o	
2 ho	ted	15. Decedent's E	ducation		a. Decede	ent's Usuel	Occupet	lon			16b. Kind of B		
Chan 'n	Completed	(Specify only highest gr Elementery/Secondery (0-12)	College (1-4or 5- 4 Years	+)		kind of work 10 NOT use Stria	-			9	Autom		
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1131	ToB	Carroll C. Ward	d					E	lla F	isher			
42.	_	19a. Informent's Neme/Reletionship		19	b. Meiling	g Address (	Street an	nd Numb	er or Rural	Route Numbe	r, City or Town	State, Zip	Code)
27 tr		Mrs. Christine Go			7046	Dunh	ill:	Road	Dun	dalk.	Marylan	d 21	222
Pages 1 nent of He ant. If Nem ary or oth		20e. Method of Disposition  \$\mathcal{V} \subseteq \text{Burial} 2 \subseteq \text{Cremetion} 3  \\ 4 \subseteq \text{Donetion} 5 \subseteq \text{Other} (Special Spe		20h Plece	of Dispos ery, crem	sition (Name	e of ner plece	)		Dete	20c. Location	City or To	wn, Stete Maryland
Departs Departs Imports any Inju		21. Signeture of Funerel Service Lice	nsee 64		<sup>22</sup> 0	Name end Uda-R	Address UCR	of Fecili Fune	ral H	lome of	Dundal Marylar	ck, In	222
कू हुन	edical Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	b. <b>C</b> o.	Oue to (or as a	consequ	sence of):	ret	ed.	O	15-	~		Zhrs Zyrs
that the death co	by Physician/M	Pert II. Other significant conditions of		t not resulting	In the un	derlying car	use giver	in Pert I			obacco use co	ntribute to	the cause of death?
a law requires has been sign ja 2 should be	Completed b									24a. Wes	en eutopsy med?	ava	re autopsy findings illable prior to appletion of cause leath?
Tha la ata ha paga	E O									1 🗆 Y	es 2000	10	Yes No
ysician: The s certificata director, pag	Be	25. Wes case referred to medical examiner?						26. Plece	of Deeth	(Check only o	ne)		
2 00	2	Yes 2□ No	Hospitel: 1 Inpatien	1 2 XER/C	Outpatient	3□ DOA	Other	4□ No	irsing Home	e 5 Resid	ence 6 DOth	er (Specify	)
thar than	Certification:	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident investigatio 3 Suicide 6 Quald not be	One Place of Labor		Time of Injury	М		es 2 🗆	No		ow injury occur		Route Number,
		4 Homicide determined	building, etc.	(Specify)						City or Tow	n, State)		
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bt		30. Neme and oddress of person who	completed cause of de	th (Item 23a)	(Type, P	,	mi	D.	~	1791			
Stat Registra		31. Dete filed (Month, Day, Year)  AUG 27 100	32. Registrar	Signature	Pane	8.00-							

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State of Maryland / Department of Health and Mental Hygiene 97

	_					Ce	rtificate	e of	Death			Reg. No.		
Physic		1. Decedent's Name (Fin HEDWIG G.									AUGUST	20, Day 199	7 <sup>Year</sup>	3. Time of Death 2:20PM
/Med Exam		4a. Fecility Nama (If not in MANOR CAR								wn, or Lo	ocation of Deat	h 4c. County	_	
Funera Director		5. Social Security Number 215-18-564		Sex 1□M 2DF	7. Age	(In yrs. last birthday 87 Yrs.	) If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Bir	1h 1969	9. Birth	place (State or Foreig
pu »		Usual Residence of Dece 10a. State 10b.	County			10a City Tayan and								
ith with the Marylar 23s or 28s-f show	ector	MD	CIT	V		BALTIM	ORE CI							10d. Inside City Limit
ath with t	Funeral Director	10e. Street and Number 619 SOUTH	EATON	STREET			10f. Zip	Code	2122	4		10g. Citizen of U.S		ntry?
5-0020 T2 hours effer death with the Maryland netural', or frame 23a or 28a-f show	by Fune	11. Marital Status 1 ☐ Never Married 3 ☑ Widowed 4 ☐ [		12. Was Dec Armed F 1  Yas If Yes, G Year or I	orces? 2 X No live	ver in U,S. 13.	Was Decede if Yes, speci 1 Yes 2			gin? (Sp i, Puerto	ecify Yes or No Ricen, etc.)		ce - Ameri ck, White, fy: WH	
T = 2.8	Completed by	15. [ (Specify on Elementary/Sacondary 9		rade completad	) (1-4or 5+		edent's Usual a kind of work DO NOT use USEWIF		pation du <i>ring</i> most ed)	t of work	ing	16b. Kind of B	usiness/in	
sore, Maryland 212 ges 1 and 2 should be filed with t of Health and Mental Hygiene. If Itam 27 is marked other that or other traumatic event, me.	To Be C	17. Father's Name (First, PAUL GRAMS	Middle, Las	t)							e (First, Middle MALINOW	, Maiden Sumar ISKI	me)	
Alar 2 sho end I Is me		19a. Informant's Name/F	etationship	(Type, Print)		19b. Mai	ing Addrass	(Stree	t and Numbe	er or Aun	al Route Numb	er, City or Town	, State, Zij	Code)
Baltimore, Mispernit. Pages 1 and 2 Deperment of Health e Important: If Itam 27 Is any Injury or other trained.		EDMUND YOU  20a. Method of Disposition  ★CXBurial 2 □ Cre	n		Chata	20b. Place of Disc	osition (Nam	e of		1	Date	20c Location	- City or To	AND 21224 own, Stete
Pages ment of I		4 Donation 5 0			State	SACRED H	CART O	F J	ESUS (	CEM	8/23/97	BALTIM	ORE,	IARYLAND
Balt permit. Depertr Importa		21. Signatur Funeral	Service Lice	ensee O.A. S	ele	nski 7	LLY &	Adde TH	ASS OF FACILITY LER, CONKLI	INC	. FUNER	AL HOME BALTIM	ORE.	MD 21224
		23a. Part1. Ent the dis	ease, or con	mplications that	ceusad ti each line	he death. Do not ar	tar the mode	of dy	ing, such as	cerdiac	or respiratory a	rrest,		Approximete Interval Between
Physician /Medicai		Immediate Cours (First												Onset and Death
Examiner		Immediate Causa (Final disease or condition resulting in death)		a. U	0.56	Oua to (or as a conse								3 days
in the little	le le				D	oua to (or as a conse	quence of):						i	ı
acuted end -transit	Examiner	Sequentially list condition	ns,	b. ———	D	oua to (or as a conse	quence of):			-				
OX 68760,  n certificate be executed anding physician end use es the bunal-transit	/Medical	Sequentially list condition if any, leading to immedia ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	{	c	Di	ue to (or es e conse	quence of):							
deatl deatl of for	Physician	Part II. Other significant	conditiona	contributing to d	leath but	not resulting in the	ınderiying ce	use gi	iven in Part I.		23b. Dld	tobacco use co	ontribute t	o the cause of death
r hat the deby	by Ph	recomm	+ 11	osepsi	51	pisodes	. H-	TN	CA	F,	1 🗆	Yes 2 No	3 Pro	bably 4 Unknow
aw requi	Completed	PVD,	h/0	hypor	rate	revia.					24a. Was perfo	an autopsy omed?	av cc	fere autopsy findings vailable prior to empletion of ceuse daath?
= - 60											1 🗆	Yes 23No	11	□ Yes 2□No
Of Vital   Physician: The this certificate and director, page	o Be	25. Was cese refarred to examiner?	medicel	Hospital:				Ot	hor:		h (Check only o			
	-	1 ☐ Yes 2 Z No  27. Manner of Death		28a. Date	of Injury	2 ER/Outpetie		Bc. inju	4 Let NU			dence 6 Ott		fy)
DIVISION O  I or Attanding Ph effer deeth. Director: After th d in by the funeral	cation	2 Accident	Pending investigation Could not I	on N	th Day	Yeer) Injury	М		ork? ]Yes 2∐≀					
DIVISION PROPERTY OF THE PROPE	Certification:	4 ☐ Homicide	determined	289. PIGC	e of Injun ling, etc.	y - At home, ferm, s (Spacify)	reet, factory,	office			City or To		ber or Run	al Route Number,
House Setely fill	edical	29a. Certifier 1 (Check only one)	Certifying Pi fedicat Exa	miner: On tha b	e best of e pasis of e	my knowledga, daa xamination and/or is ed.	h occurred a vastigation,	t the ti	ime, date and opinion, deat	d place, th occum	and dua to tha red at the time,	causa(s) and m date and place,	anner as s and dua t	stated. o tha cause(s)
dwo	×	29b. Signeture end title o	certifier				29c.	Licen	se number			29d. Date signe	ed (Month,	Dey, Year)
				VW				DI	4110	M		9 2	229	コ
9 T		30. Nama and addrass of THEODORE (						oac	d Ba	lti	more.	Marula	ınd	
St Regist		31. Data filed (Month 24	1997	Ju	r Da	Adom Ronde	2				,			



State of Maryland / Department of Health and Mental Hygiene

25988

	Physici /Medic Examir	an cal ner
	Funeral Director	
Baltimore, Maryland 21215-0020	emit. Pages t and 2 should be filed within 72 hours after death with the Maryland Papariment of Health and Mental Hygiene. mportant: If Item 27 is marked other than "natural", or Items 23a or 28s-f show my hiury or other traumatic event, the Medical Examiner must be notified at MCB.	To Be Completed by Funeral Director

ITEM: 26 per FH G-750 8-28-97 eoh Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death 20, 1997 aar Month AUG. 8:10 PM HARRISON ANTHONY AXELRAD 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death CROWNSVILLE RT. 97 & 178 ANNE ARUNDEL 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 8. Data of Birth (Month, Day, Year) 9. Birthpiaca (Stata or Foraign Days 1☐M 2□ F Yrs. 23 214-84-6369 SEPT.7,1973 MARYLAND Usual Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits MD ANNE ARUNDEL ANNAPOLIS 1 XYas 2 No 10f. Zip Coda 21403 10e. Street and Number 10g. Citizen of What Country? 23 SANDS AVE. USA Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status 1 ☐ Yas 2 ☐ No If Yas, Giva 1 Nevar Married 2 Marriad 1 ☐ Yas 2 ☐XNo Specify: WHITE Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collaga (1-4or 5+) STUDENT SCHOOL 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) F **AXELRAD** PETER MEROWITZ SALLY permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 5600 WISCONSIN AVE., APT. 1308 CHEVY CHASE, MD MRS. SALLY BRATMAN (MOTHER) 20c. Location - City or 2008 15 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20a. Mathod of Disposition 1 N Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) 8/22/97 OHEB SHALOM MEM. PARK REISTERSTOWN, MD 22. Name and Address of Eacility BROS., INC. 8900 REISTERSTOWN RD., PIK or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, and grilly gine cause on each line. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 Approximata interval Between Onset and Death **Physician** /Medical Immadiate Cause (Final disease or condition resulting in death) **Examiner** Examiner physician and the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Dua to (or as a consequence of): that the death certificate be Physician/Medical Dua to (or as a consequanca of): 980

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown

> 29d. Date signed (Month, Day, Year) AUG. 21, 1997

24a. Was an autopsy

24b. Wara autopsy findings available prior to completion of cause of death?

28. Placa ot Death (Check only one)

1 2 Yas 2□ No

25. Was casa ratarred to medical axaminar? Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Dother (Specify) ROAD YO Yes 2□ No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Time ot injury 28c. injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending 1 Yas 2 No motor vehicle collision

invastigation 8/20/97 1827 25 Accidant 6 Could not be detarmined 3 Suicida 28a. Piace of injury - At homa, tarm, streat, tactory, offica building, etc. (Specify) street

28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) Rice 97 2 178

Ame Arundel Co., md

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian (Check only one)

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29c. Licanse number

O.C.M.E

State Registrar J. Chute 22. Adgictian's Signature

Box 68760

Division of Vital Records, P.O.

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the

signed by t

been s

certificate has page 2

funeral

After

To the Hospital or Attending Pt within 24 hours after death.
To the Funeral Director: After it completely filled in by the funeral

by

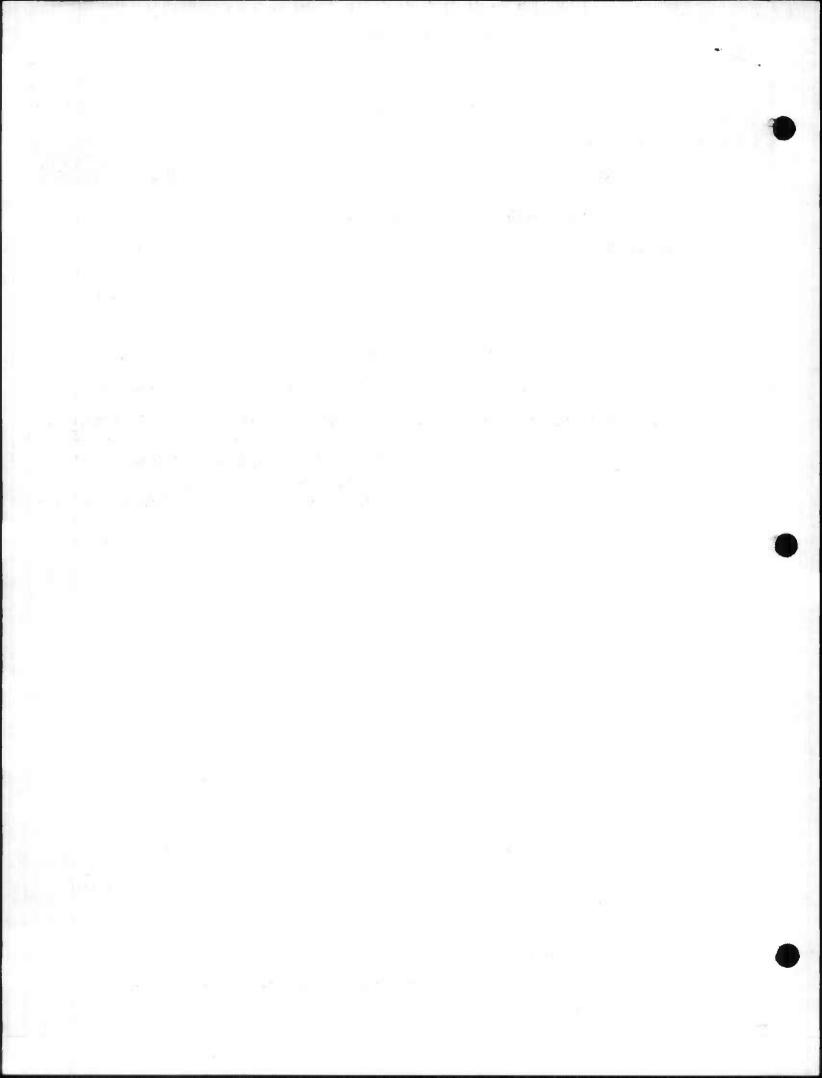
Completed

Be

P

Certification:

Medical



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 25989 ITEM:23a,b,c per DR. G-750 8-28-97 eoh Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physiclan** Month 11:25 A.M Ernest W. Albright 4b. City, Town, or Location of Death 15 /Medicai 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death Examiner Fallston General Hospital Fallston Harford ff Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, 6. Sex 1 ⋈ M 2 ☐ F Birthplaca (Stata or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months 86 Yrs Director 215-32-0949 April 4,1911 Baldwin, Maryland Usual Rasidanca of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show must be notified at 1 Yas 2 No Director Maryland Baltimore Baldwin 10e. Straat and Numbar 10f, Zip Coda 10g. Citizan of What Country? ö Norms 23a 4725 Sweet Air Road 21013 U.S.A. by Funeral 12. Was Dacedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. event, the Medical Examiner 1 Navar Married 2 ☐ Married 8 1 ☐ Yas 2 ☒ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 9th. Farmer Self-Employed 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be marked Magdalena Trapp William Albright 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Walter Albright (Brother) Important: If Item 27 any injury or other tr 4725 Sweet Air Road Baldwin. Md. 21013 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 X Burial 2 Cramation 3 Ramoval from Stata St.John's Luth.Bleinheim |8/18/97 Baldwin,Md. 4 Donation 5 DOther (Specify) 21. Signatura of Funaral Sarvice Licenses 22. Nama and Addrass of Facility E. F. Lassahn Funeral Home 11750 Belair Road Kingsville, Md.21087 cor complications that caused tha daath. Do not anter the mode of dying, such as cardiac or respiratory arrast, List only one cause on each line. 23a. Part1. Enlar tha diseas Approximata Interval Batw \*MYOCARDED INFARCTION Onset and Death MYOCARDIAL Physician /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequance of) Examiner HEART FAILURE buriel-trans Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiatad avants rasulting in daath) Lasi and Dua to (or as a consequenca of) ettending physician for use es the burie RESPIRATORY ARREST Physician/Medical Dua to (or as a consaquance of): been signed by the e should be detached f Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nonknown Completed by 24b. Ware autopsy findings available prior to 24a. Was an autopsy performad? complation of causa of daath? certificate 2 DONO 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27, Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 12 Matural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 8 Could not be datarminad 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

The lew requires that the death certificate be executed Box 68760, Division of Vital Records, P.O. To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, I

Pages 1 and 2

11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

21 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Cartifiar 29d. Date signed (Morgh, Day, Year) 29c. Licansa number

29b. Signatura and the of portifier

Month Day, Year) 28 1997

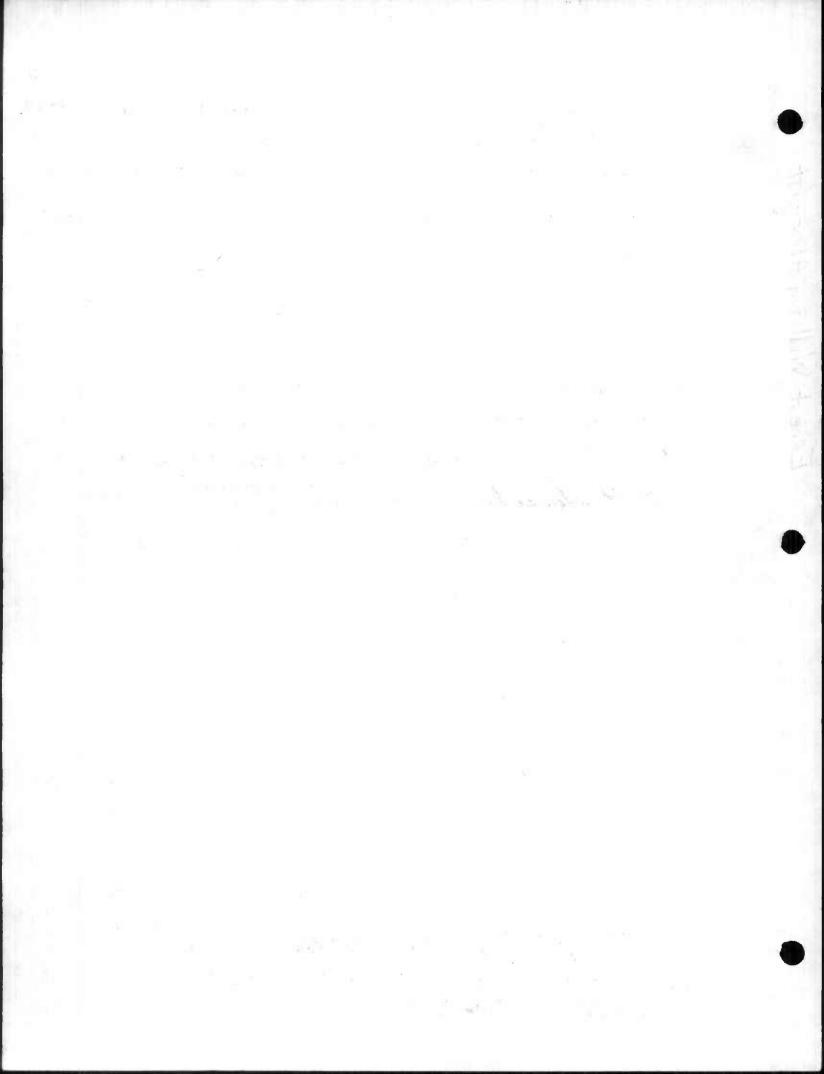
30. Nama and addrass of person who complated ca (Itam 23a) (Type, Print)

BELAIN Md. 2/019

State Registrar

Medical

32. Registrar's Signatura Manyalan



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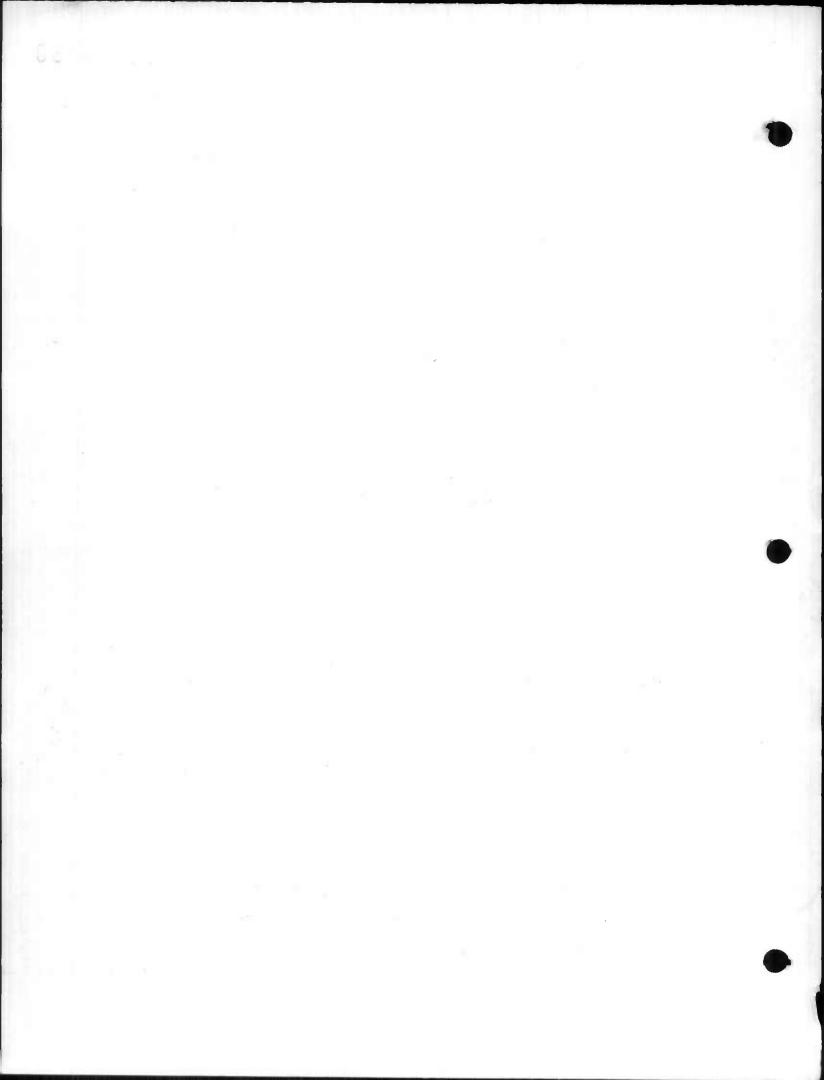
THE FINEMAL DREATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal:

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. death. Page 6 may be retained by the hospital or attending physician.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENI
REGISTRAR	CERTIFICATE OF DEATH R	EG. NO.

	REGISTRAR		CERTIF	CATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  Jak J. (2)	Boshy				2. DATE OF DEAT	TH DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 232-20-0823		78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DAYE OF BIRT (Month, Day, Ye 11/10/1	н 918	8. BIFITHPL Country) OHIO	ACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give something of the content of the conte	treet end number)		9b. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COU	N/A	TH
DIRECTOR	MD BA	LTIMORE		V, TOWN OR LOCAT DUNDALK	ON				Od. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	8219 LONGPOINT RO				ZIP CODE 21222			U.S	
BY FU	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		If yes, spe		NIC ORIGIN? (Speci an, Puerto Rican, et 'y:		Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v iiie. Do NOT us		N at of working		EHEM ST		
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M	falden Surname)		
	STACEL BOSTON					NE SHELB			
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Number, City	or Town, State, Z	ip Code)	
٩	CHARLOTTE BOSTON	/ WIFE	8219 I	ONGPOINT	ROAD DI	UNDALK,	MD 212	222	
	20s. METHOD OF DISPOSITION 1.A. Buriel 2 Cremetion 3 Rem 4 Denetion 5 Other (Specify)		OB. PLACE AND DATE OF				oc. LOCATION		
	21. SIGNATURE OF POWERAL SERVICE LI		2	BRADLE	Y-ASA To	V-DABROW	SKI-MAT	TTHEWS	F.H. INC. MD 21222
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS	S A CONSEQUENCE OF	ř):					Onset and Death  4 Years
DICAL CERI	PART II. Other algnificant condition	A	0 0		g cause given in		WAS AN AUTOPSY ERFORMED?	A	VERE AUTOPSY FINDINGS
ME	DID TOBACCO USE CONT	0	DE DEATH VE		UNCERTAI		YES 2 NO	0	OMPLETION DF CAUSE OF DEATH?  YES 2 NO
AN	25, WAS CASE REFERRED TO MEDICAL	T CAUSE	28. PLACE OF DEA		UNCERIA	14 🗀			
200	EXAMINER?	HOSPITAL:	utnetlant 3 7 004	OTHER:	s S D Broldenso	6 Other (Spech	566		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 8 Pending	28e. DATE OF INJUR (Month, Day, Yes	Y 28b. TIW	IE OF 28c. IN.	URY AT PRK?	28d. DESCRIBE	**	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory, offic	•	281. LOCATION ( City or Town,		er or Rural Roo	vie Number,
COMPLETED	CONTROL OTHY	BICIAN: To the best of my kn							and menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R MD			29c. LICENSE NU 10-1815			F-76	Month, Day, Year)
F	CHI-SHIANOT	HO COMPLETED CAUSE OF	98 No	oth Brown	lay a	Bollin ,	MD 21	123/	
	31. DATE FILED (Month, Day, Year) AUG 2 8 1997	32. REGISTRAR'S SI	GNATURE RONGLES						



				State of Marylar			d Mental Hy	giene 9	7 2!	5991
			ITEM: 4a, 26, per DR. G-75  1. Decedent's Name (First, Middle, Last)	0 8-28-97 eoh	Certific	ate of Death	2. Dete of De	Reg. No.		
ı	Physici		TRACE Y	BA	RNEY		Month.	Dey	Xeer 3.	Time of Deeth
ı	/Medic Examir		4e. Fecility Name (If not institution, give s	treet and number IN I VER		4b. City, Town,	or Location of Deat	dc. County	of Deeth	7
			520 N.	MUNICUE	SIREL	t BAL	TIMORE		JA	
	Funeral Director		5. Social Security Number 6. Sex	M 2 F 7. Age (In yrs.	Yrs. Mont	der 1 Yeer II Under 24 H hs Deys Hours N	Ain. 8. Date of Bit	th y, Year)	9. Birthplece Country)	(Stete or Foreign
٠	ъ		Usuel Residence of Decedent	, ,				-65	/	40
	farylar sed at	Į.	10e. Stete 10b. County		BACTIM	1085				nside City Limits  Yes 2 □ No
	r 28a-	Director	10e. Street end Number			Zip Code		10g. Citizen of V		
	th with	al D	520 N. M	ONROE S	T	21223	5	u	SA	
	ar dea	Funeral		2. Was Decedent Ever in U Armed Forces?	,S. 13. Wes De if Yes, s	cedent of Hispenic Origin? pecify Cuban, Mexicen, Pu	(Specify Yes or No Jerto Rican, etc.)	14. Rac Blee	e - Americen Inck, White, etc.	dian,
020	urs aft	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 No if Yes, Give Yeer or Detes:	1□ Ye	2 No Specify:		Specify.	BIAC	K.
21215-0020	be filed within 72 hours after death with the Manyland lat hygiene. d other than "natural", or items 23s or 28s-f show event, the Madical Evans has provent.	Completed	15. Decedent's Educ (Specify only highest grede		16e. Decedent's U	suei Occupetion work done during most of	workina	16b. Kind of Bu	usiness/Industr	y
121	within ene.	ршр	Elementary/Secondery (0-12)	College (14or 5+)	IITE. DO NO	Tuse retired) 30RER		BALTI	MILL F	rosdwill
	filed with the standard of the standard	Be Co	17. Father's Neme (First, Middle, Last)		V/11		Neme (First, Middle			roeunu
Maryland	should be nd Mental marked o	To E	LAWRENCE	E. BARNE	Y	Kek	XCCCA	John	1500	
Mar	C/ = = =		19e. Informent's Name/Reletionship (Type) Rehecch	Ohnow	19b. Mailing Addr	ess (Street and Number or N. MONRO		_		
re,	es 1 and of Haalth I item 27 r other tr		20e. Method of Disposition	20b. F	Place of Disposition (	Vame of	ESI.	BACTU, 1 20c. Location -	City or Town,	
altimore,	Peges ment of I ant: If its ury or o		1 Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movel from State	05hell	Cemeter	8 27/9	Dun	dalk.	MD
Balt	permit. Peg Depertment Important: I any Injury o		21. Signeture of Funerel Service License	2	22. Name	end Address of Facility	ALBERT	P. W.	dalk The Fi	H PA
	60360				638	N. Gilmo	or St. 1	SAITA.	MD2	1217
Ļ	Physician		23a. Pert1. Enter the disease, or complice shock, or heert feilure. List only on	cause on each line.	n. Do not enter the n	node of dying, such es card	diac or respiretory e	rrest,	Inte	roximete rvel Between set end Death
×	/Medical		Immediete Ceuse (Finel diseese or condition	AID	5					
	Examiner	7	resulting in deeth) e.	Due to (c	or es e consequence	of):				
Т	uted d ansit	Examiner	b.	Due to (e	or es e consequence	4.			1	
0,	ate be executed obysician and the buriel-transit		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury	200 10 (0	n es e consequence	51).				
68760	ficate be executed physician and is the buriel-transit	dical	thet initiated events resulting in death) Lest	Due to (o	r es e consequence	of):				
Box	leath certific ettending p d for usa as	n/Me	d.						i	
.O.	law requires that tha death certific as been signed by the ettending p i.2 should be detached for usa as	Physician/M	Pert II. Other significant conditions cont	ributing to death but not res	ulting in the underlyin	g ceuse given In Pert I.	23b. Did	tobacco use co	ntribute to the	cause of deeth?
Ω.	that the de ed by the detached						1 🗆	Yes 20 No	3 Probably	4 Unknown
ds,	uires tha signed Id be de	d by					24e Wes	en eutopsy	24b. Were e	utopsy findings
Records,	aw require ts been si 2 should I	Completed					perfo	rmed?	eveilebl	e prior to tion of ceuse
R	The ata h	Com	MENTAL BE	tardati	DIL		10	Yes 20 No	1 □ Yee	/
Vita	ysician: The la s certificata ha director, paga	Be	25. Wes cese referred to medicel exeminer?	espitel:			Death (Check only	one)		
o	Phys ir this eral dir	5	1 Yes 2 No	1 L Inpatient 2 L	ER/Outpetient 3™ 28b. Time of	DOA Other: 4 Nursin	g Home 5 Resi	dence 6 Oth		
ion	ath. r: Afte	ation	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No				
Division of Vital	or Atte	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specif	ome, farm, street, fac	tory, office	28f. Location ( City or To	Street end Numb vn, State)	er or Rural Rou	ite Number,
	spital neral C		29a. Certifier 1 Certifying Physi	cian: To the best of my kno	wledge, death occurr	ed at the time, dete end pla	ace, and due to the	ceuse(s) end ma	nner as stated	
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certifical completely filled in by the funeral director.	edicai	(Check only 2 Medical Examinations)	er: On the basis of examina end memper steted.	tion end/or Investiget	on, in my opinion, deeth o	ccurred at the time,	dete end plece,	end due to the	ceuse(s)
	Tot	Σ	29b. Signeture end title of certifier	13		29c. License number		29d. Dete signe	d (Month, Dey,	Year)
	• `		30. Name and eddress of person who con	C/9	7 (1)	¥133021	0		8-03	-97
	3		29 S. Para St.	PALT WOOK	(Type, Print)	2120	)/			
Γ	Sta Registr		31. Date filed (Month, Day, Year) AUG 28 1997	32 Registrar's Signa	iture					

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Aug attie 24 0200 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location 4c. County of Deeth Baltimore Corien Nursing Home If Under 1 Yeer 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country) VA 6 Sex Deys 1□M 210 F Months 220-07-9565 Yrs. Usuai Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md 1 Yes 2 No NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1703 Latrobe Street 21202 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 Never Married 2 ☐ Married 1□ Yes 2⊠No Specify: Specify: 3 Widowed WDivorced Black 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupation 18b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Eiementery/Secondary (0-12) College (1-4or 5+) 10th Grade NA Seamstress Acme Pad Company 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Henry Phillips Mattie Burrell 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21239 19e. Informent's Name/Relationship (Type, Print) Rodney Bolding 1910 Ramblewood Road Apt. "B" Baltimore, Md. 20b. Piace of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete Md. 20e. Method of Disposition Dete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Stete Cem. 08-29-97 Laurel, Maryland Nat'l Mem. Pk. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101E. North Avenue 23a. Pert1. Enter the disease, or complications Met ceused if in a shock, or heart feilure. List only one ceuse on each limit Do not enter the mode of dying, such as cerdiac or respiratory errest, Onset and Deeth Immediete Ceuse (Final disease or condition resulting in death) 141 Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In deeth) Lest 92 Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilebie prior fo veratative state 24a. Wes en eutopsy performed? completion of cause of deeth?

Physician /Medicai Examiner

Examiner

Physiclan/Medical

Be Completed by

Certification: To

edical

1 Neturel

2 Accident

3 Suicide

31. Dete filed (Month, Day, Yeer)

29a, Certifier

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

or items 23a or

natural',

Hygiene.

permit. Pages 1 and 2 should be filed w Department of Haalth and Mental Hygien, Important: If Nem 27 is marked other tha

filed within 72 hours aftar

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified

Director

Funeral

by

Completed

requires that the death certificate be axecuted pue buriel signed by the aid be detached for page 2 should has

Box 68760. P.O. I Records, Wital Division

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After the complately filled in by the funera

State Registrar

5

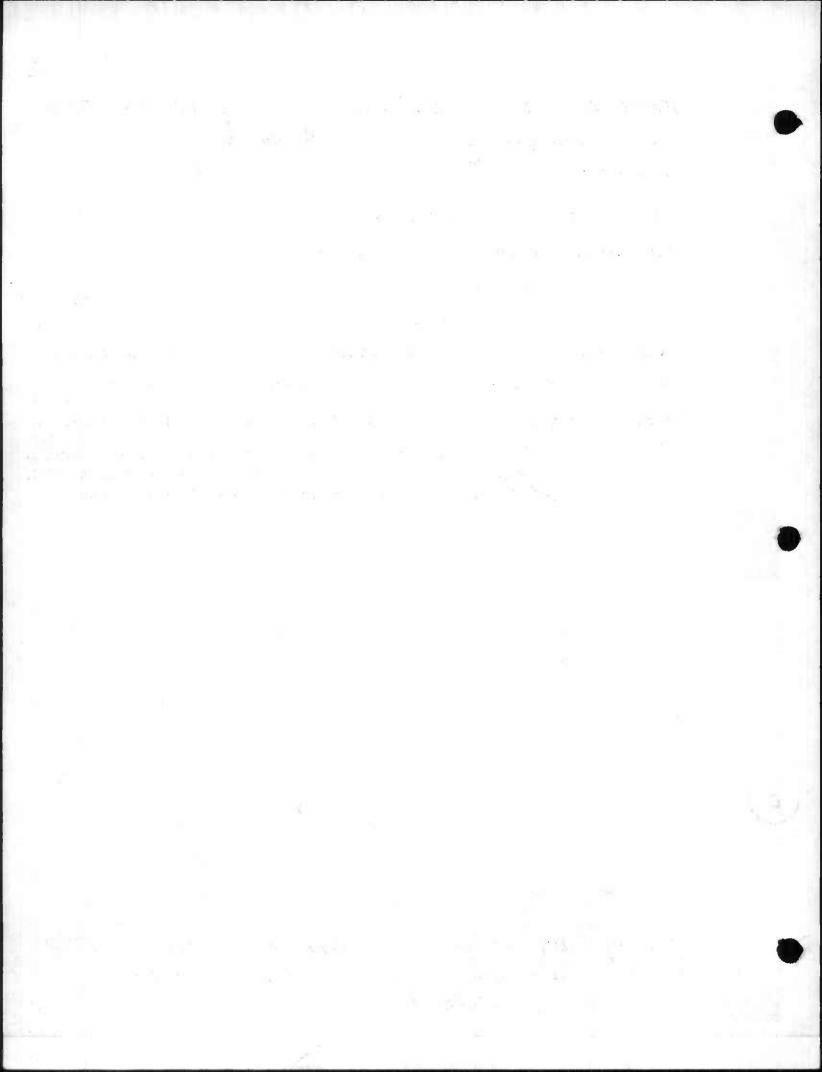
25. Wes cese referred to medicel exeminer? 28. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. injury et Work? 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, streef, fectory, office building, etc. (Specify) 4 Homicide \*\*Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted.

29b. Signetare end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year)

ai 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Kor, M. R. Rd Coloursin Vorzou



State of Maryland / Department of Health and Mental Hygiene

25993 Certificate of Death 2. Date of Deeth 3. Time of Death

**Physician** /Medical Examiner

STEILA MARIS @ MERCY

1. Decedent's Name (First, Middle, Last)

4a. Facility Name (If not institution, give street and number)

EUNICE

certificate this within 2 To the

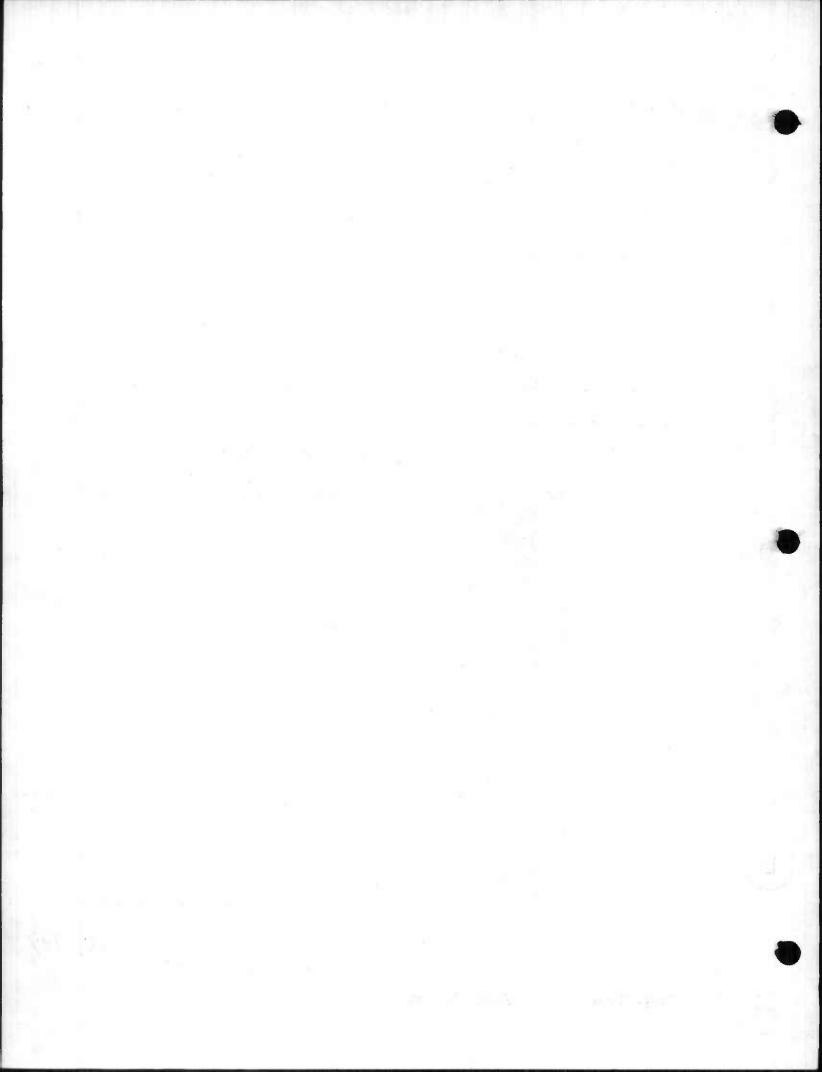
If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Pay, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Funeral 1 ■ M 2 KF Months 220-80-0933 37 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show NA "natural", or items 23a or 28a-f st edical Examiner must be notified Director PACTIMORE 10e. Street and Number 10f. Zip Code 1638 MOUNT MORE CT. 21217 Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Û No If Yes, Give Year or Dales: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Peges 1 and 2 should be filed within 72 hours after learl of Health and Mertal Hygiene.
Int: If item 27 is marked other than "natural", or item iny or other traumatic event, the Medical Exertine iny or other traumatic event, the Medical Exertine. Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Completed by 3 □ Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER 12 0 -17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) Be BLAKE CATHERINE BERNARD 19a. Informant's Name/Relationship (Type, Print) (SiSTER) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) HARRIWEISS CT. 1909 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 8/20/97 20a. Method of Disposition 1 Burial 2 Cremetlon 3 Remove from State permit. Pege Department of important: If any injury or once. METRO CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility E. L. PHillips 1721-27 N. MONEOE ST. BACTIMORE, MD 21217 Dectar CFSP 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. **Physician** /Medical Immediete Cause (Finat disease or condition resulting in death) Examiner Examiner sician and bunal-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Box 68760. Physician/Medicai Due to (or es e consequence of) for use as signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, Completed by of Vital ng Physician: 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) SFF// 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28h Time of 28c. Injury at Work? 5 Pending investigation 1 Shatural 2 Accident 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide Ecertifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end manner as steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 040480 30. Neme end address of person who completed cause of death (ttem 23a) (Type, Print) 5810 BELANA

Ferenco

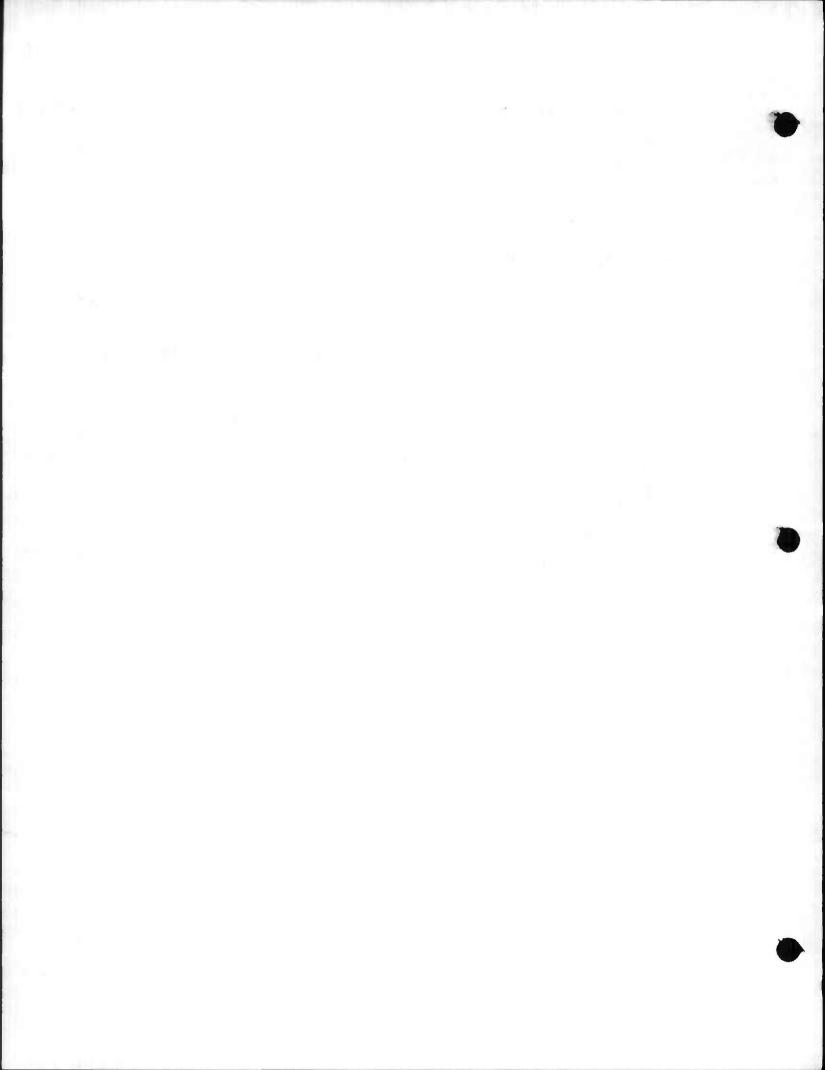
4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE 9. Birthplace (State or Foreign Country) 10d. Inside City Limits 1 Ves 2 □ No 10g. Citizen of What Country? U.S. Raca - American Indian, Biack, White, etc. Specify: BLK 16b. Kind of Business/Industry DOMESTIC BALTIMORE, NO. 21237 20c. Location - City or Town, State Approximate Intervel Between Onset end Deeth 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy 1 ☐ Yes 2 ☐ No MARIS At MERCY Other: 4 Nursing Home 5 Residence 6 Nother (Specify) #05 DIC 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State) 29d. Date signed (Month, Dey, Year) 120

State



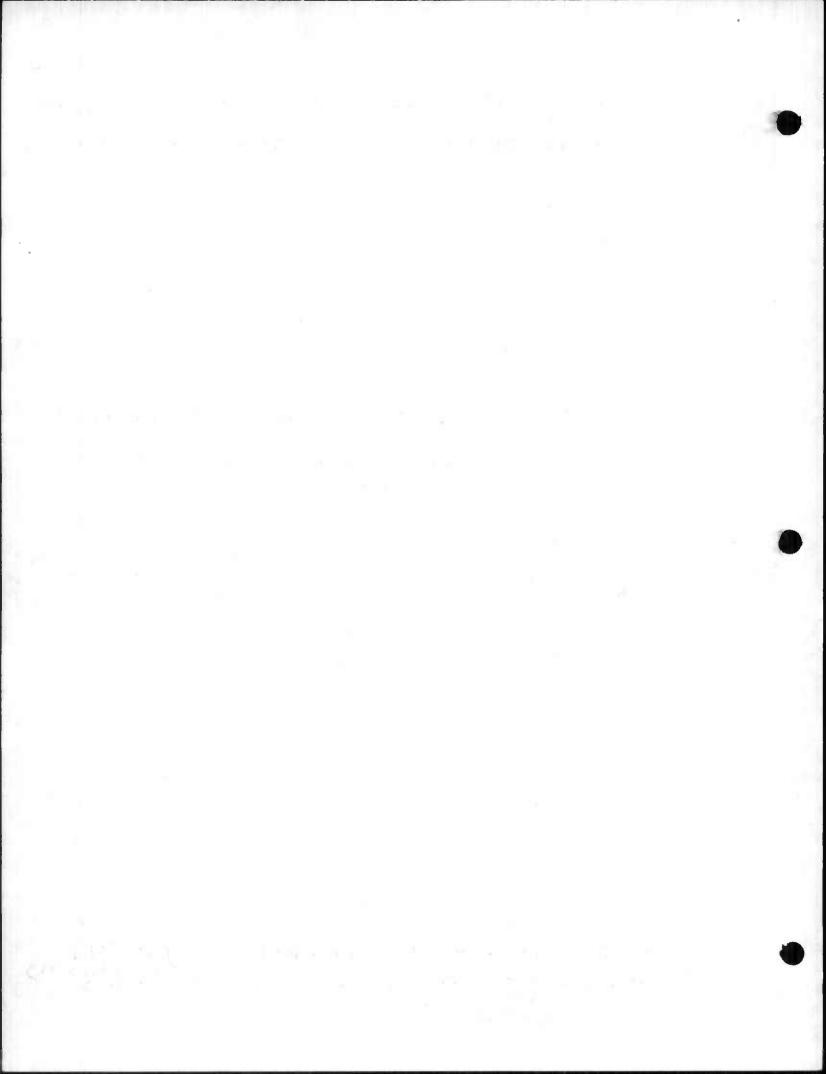
State of Maryland / Department of Health and Mental Hygiene

			ITEM: 1 per DR. G-750 8-	28-97 eoh		rtificate of		, ,	g. No.	91	25994
	Physic /Medi		1. Decedent's Name (First, Middle, Last)	<del>rru</del> -	HARRY CAR	TER		2. Dete of Death Month AUGUSI	Day OI 1	Year 997	3. Time of Death
7	Exami		4a. Facility Name (If not institution, give	street en (nymber)			4b. City, Town, or Lo	ocation of Death	4c. County	of Deeth	
	Funeral Director		Caton Manor Number 5. Social Security Number 217-30-4682		rrs. lest birthday) Yrs.	If Under 1 Yaar Months Days	Baltimon If Under 24 Hrs. Hours Min.	(Month, Dey,		9. Birthpl Count	leca (Stete or Foreign
			Usual Residence of Decedent					Oct 4	1936	mar.	yland
	a-f show	ctor	MD 10b. County N/A		City. Town or Lo	e City				10	od. Inside City Limits 1 ☐ Yes 2 ☐ No
	語 50 g	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of W	hat Coun	iry?
	ath w		3327 Brighton S	Street		2121			USA		
020	72 hours efter death with the Meryland nature!', or items 23e or 28e-f show dreal Examinet must be notified at	by Funeral	11. Marital Status  1  Never Married 2  Married  3  Widowed 4  Divorced	12. Was Decedent Ever In Armed Forcas?  1 ☐ Yes 2∑ No If Yes, Give Yaer or Dates;		Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 ☐ No	dispanic Origin? (Spean, Maxican, Puerto Specify:	ecify Yas or No- Ricen, etc.)		- Amarica k, White, e	etc.
00-	"naturel",		15. Decedent's Educ	cetion	16a. Dece	dent's Usuat Occup	pation	1	6b. Kind of But		ack
21215-0020	within ane. than	Completed	(Specify only highest grede Elementary/Secondary (0-12) 1 2 t h	completed) Collage (1-4or 5+)	(Give	kind of work done DO NOT use retire	during most of work d)	ing	Transp		
	0 = 0 =	BeC	17. Father's Name (First, Middla, Last)		1 1 1	CIX DELY	18. Mother's Nema				201011
Maryland		To	George Carter	Sr			Blanch	ne Cart	er Bro	own	
Mar	end end		19a. Informant's Name/Relationship (Ty)	oe, Print)	19b. Maili	ng Address (Street	end Number or Run	al Route Number,	City or Town,	Stete, Zip	Code)
	tealt 1		Blanche Carter		3327	Bright	on St. I				
altimore,	Ses T of T		20e. Method of Disposition  1 Description 2 Cramation 3 R		cemetery, crei	metory or other ple	ce)	27	Oc. Location - 0		
Ħ	permit. Pa Depertmen Important: any injury pnce.		4 Donation 5 Other (Specify)  21. Signature of Funeral Service License	m		Cemete		3/26 B	altimo	ore,	Maryland
Ba	Depening any in		1010.0	111000	1	arou 0	Dwott ar	nd Son	Funera	al H	ome
7	Physician /Medical Examiner	ler .	23a Dan't Peller the disease, or complianed or heart failure. Lat only on immediate Cause (Final disease or condition resulting in death)	Adeno		ma o	y Inc.				Approximete Interval Between Onsat and Death
Box 68760,	auth certificate be executed attending physician and for use es the bunel-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	. Due to	o (or as a consec						
	death e atte id for	icia	Part II. Other significant conditions con	tributing to death but not	resulting in the u	nderiving cause di	en in Part I	23h Did tol	acco uea con	tribute to	the cause of death?
P.0	that the dended by the a	by Physician/N	Cachexia (n	ralinant	-	indenying cause gir	on in Paje i.			3 Prob	
Vital Records,	law requires that the death cert es been signed by the attendin 2 should be deteched for use	Completed b	Part II. Other elgnificant conditione con  Ca Chexia (n  Glawoma	U				24a. Was an perform	autopsy ed?	con	re autopsy findings illable prior to npletion of ceuse leeth?
Ä	The ate h	Com						1 □ Ye	2 No	1□	Yes 2000
/ita	certificate	Be	25. Was cese referred to medical examiner?				26. Place of Death	(Check only one	)		
o	Phys ral di	on: To	1  Yes 2 No H  27. Manner of Death 1  ANetural 5  Pending	ospital: 1 Inpatient 2  28e. Date of Injury (Month, Dey Yeer	ER/Outpatier 28b. Time of Injury	1 1	v at	me 5 Resider 28d. Describe how			)
Division	the the	Certification:	2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide determined	28e. Place of Injury - A building, etc. (Spe	t home, farm, str		Yes 2 No	28f. Location (Str. City or Town,	eet end Numbe Stete)	er or Rurei	Route Number,
	Hospital	edical Ce	29a. Certifier (Check only one) 1 Certifying Phys	Iclan: To the best of my lar: On the basis of exam	nowledge, death	n occurred at the tir vestigation, in my o	me, date and place, a	and due to the cared at the time, de	use(s) and mar	nner as sta	ated. the cause(s)
	within 2 To the	Σ	29b. Signature and title of certifier	and mannar stated.		29c. Licans		29	d. Oata signed	(Month, L	Dev. Year)
Ď	- s - ö		30. Nama and eddress of person who con	eya MD		22	7541	A	vsvat	21,	1997
			SU. Nama and eddress of person who con	mpleted ceuse of deeth (I	tem 23a) (Type.	INS For	ny Rd	Bult	how	MD	-21227
	Sta Registi		AUG 2 8 1997	32. Fregistrar's Si	MONTOCOL		<b>V</b>				



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physic	an	1. Decedent's Name (First, Middle, Las		CONNER	ate of Death	2. Date of De		3. Time of Deet
/Medi Examii		4e. Facility Name (If not institution, give		al		or Location of Deat		Death
Funeral Director		5. Social Security Number 212–26–4419 6. Sr	21 212.	s. last birthday) If Un	der 1 Year   If Under 24 N		1930 S	Birthplace (State or Fore
28a-f show notified at	tor	Usual Residence of Decedent  10a. State  MD  10b. County  ANNE ARU		City, Town or Location	E			10d. Inside City Lim
3a or 28a-f	al Director	10e. Street and Number 906 BUTTONWOOD TE	RAIL		Zip Code 21032		10g, Citizen of Wh. U.S.A.	at Country?
natural, or items 23a or 28a-f show	by Funeral	11. Marital Stetus  1 Never Married 2 Married  3X Widowed 4 Divorced	12. Was Decadent Ever in Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:		cedent of Hispenic Origin? pecify Cuben, Mexican, Pures 24 No Specify:	(Specify Yes or No erto Rican, etc.)	14. Raca - Black, Specify:	American Indien, White, etc.
than the Mes	Completed	15. Decadent's Ed (Specify only highest grad Elementary/Secondary (0-12)	ucation de completed) Collaga (1-4or 5+)	16a. Dacedent's U (Give kind of life, DO NO HOM	sual Occupation work done during most of w Jusa ratired) MAKER	vorking	16b. Kind of Bush	
d o	To Be C	17. Father's Name (First, Middle, Last) ROBERT BAUER			18. Mother's N UNKNC		, Maiden Sumame)	
alth end 27 is m r traum		19a. Informant's Name/Relationship (T CAROLYN TIBBETS	ype, Print)	19b. Meiling Addr 3264 WII	ess (Street and Number or NTERBERRY LAN	Rural Route Numb	er, City or Town, St. NIA BEACH	ate, Zip Code) VA 23456
or or or		20a. Method of Disposition  1 ◯ Burial 2 □ Cremation 3 □ 1  4 □ Donation 5 □ Other (Specify,	Removal from State	Place of Disposition (icemetery, crematory)	or other placa)	Date 8/26/97	20c. Location - Ci	
Depertmen Important: any injury		21. Signature of Fundral Service Board	Shanda	22. Name RAYI	and Addrass of Facility OND C. FINK CRAIN HWY., S	FUNERAL	HOME	21061
Medical ing physician end e es the buriel-transit	B	Immediate Causa (Final disease or condition resulting In death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Cerclor  Due to	(or as a consequence of the cons	ot):	ae .		ten ye
been signed by the attendin should be detached for use	Physician/N	Pert II. Other significant conditions con	dntributing to death but not re	sulting in the underlyln	g cause given in Part I.		/	buts to the cause of de
as been signed 2 should be de	Completed by	Smoking	1					24b. Wara autopsy findin aveileble prior to completion of cause of death?
is certificate hes director, page 2	Be Con	25. Was case referred to medical examiner?			26. Place of D	1□		1 Yes 2 No
h. After th funeral	2	1 ☐ Yes 2 ☐ No  27. Manner of Death 1 ☐ Natural 5 ☐ Pending investigation 3 ☐ Suicide 6 ☐ Could not be	lospital: 1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Day Year) 28e. Placa of Injury. At	28b. Time of Injury M	28c. Injury at Work? 1 Yes 2 No	28d. Describe	denca 8 Other (	
within 24 hours efter deati To the Funeral Director: completely lilled in by the		4 Homicide determined  29a, Certifier (Check only 2 Madical Exami	building, etc. (Spec	owledge death occurr	and at the time, date and piece	City or To	vn, State)	or Rural Route Number, er as stated.
4 T 5	Medical	2 Medical Exami	ner: On the basis of examin and menner stated.	ation and/or invastigati	on, In my opinion, death occ 29c. License number	curred at tha time,	date and place, and 29d. Dete signed (A	dua to the cause(s)
To the comple		melani	2/000	mo	D4506 9	4	8/25	-197



State of Maryland / Department of Health and Mental Hygiene

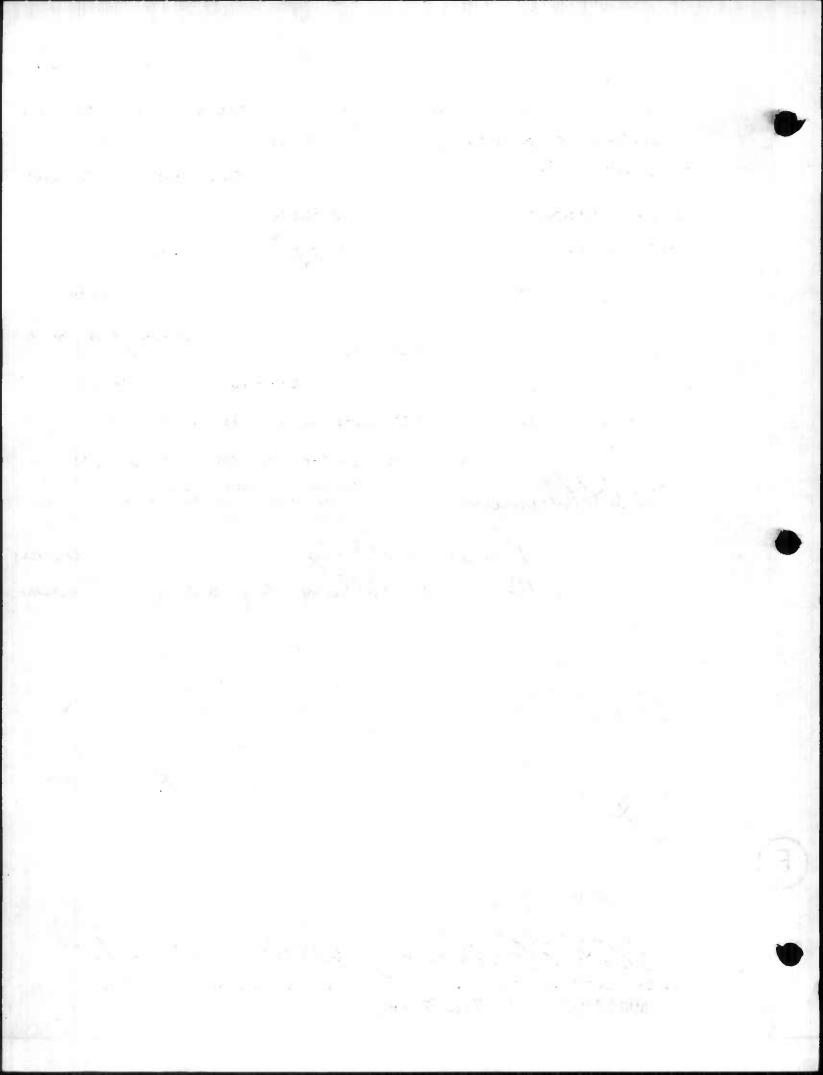
					Cer	tificate	of	Death		R	leg. No.		
Physi /Mac		Decedent's Neme (First, Middle, L.)	ast) Bonnie	Deirdre	e Cr	emen	X			2. Dete of Dea Month August	th Dey	Year 997	3. Time of Death 6:30 AM
/Med Exam		4e. Fecility Neme (If not institution, g 5403 Knell Aver								ocation of Deeth 2 City	4c. Count		N/A
Funera Directo	_	5. Social Security Number 6. 220~38~9958  Usual Residence of Decedent	4 T 14 + FT =	6 (In yrs. last bir 56	Yrs.	If Under 1 \ Months D	ear eys	If Under Hours	24 Hrs. Min.	8. Date of Birth (Month, Day Nov. 24	Year) , 1940	9. Birthp Coun Mart	olace (Stete or Foreigr otry) .YLand
he Marylend (8a-f show	Director	10e. Stete 10b. County Maryland	N/A	10c. City, Tow	n or Loc			Balt	imori	e City		1	0d. Inside City Limits 1. Yes 2□ No
23a or 2	ral Dir	10e. Street end Number 5403 Knell Avel	rue			10f. Zip Co	de	2	2120		Og. Citizen of United		
Datumore, Maryland Z1Z13-00Z0 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any liqury or other traumatic event, its Medical Exemples must be notified at	by Funeral	11. Maritei Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Tyes 2 M N If Yes, Give Yeer or Dates:			/as Deceden Yes, specify ☐ Yes 2		lispanic Ori en, Mexican Specify:	gin? (Spe , Puerto	ecify Yes or No- Rican, etc.)		ce - Americ ck, White, by:	
Mat y Idilia 4 14 13-0020 d 2 should be filed within 72 hours aft th and Mental Hygiene. 7 is marked other than "satural", or traumatic event, is Med cal Exert	Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12)	Education rade completed) College (1-4or 5- 1 Year	4)	(Give A	ent's Usuel O kind of work o ONOT use r ter Pr	lone etire	during most d)	of work	ing	16b. Kind of E		dustry Manager
should be filed and Mental Hyg	To Be C	17. Fether's Neme (First, Middle, Les William C. McG.		-						Struble	Maiden Sumer	ne)	
Te, Mally 1 tend 2 shou Health and Mem 27 is mer when traument	1	19a. Informent's Name/Relationship  Mr. John J. Cres				g Address (S Knell		and Numbe	or or Rura	more, Mo			
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- S 50	10 8	examiner? 1 Yes 2 No	Hospitel: 1 Inpatien	nt 2 ER/Ou	Itpetient	3□ DOA	Oth	or:		me 5 Reside		ner (Specify	y)
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15		30. Name end eddress of person who	Completed souse of de	ath (Item 23e)	KI	Print)		C	Ba	Ito, U	id i	212	39
S: Regis	tate trar	31. Dete filed (Month, Day, Year) AUG 2 8 19	97 32. Regular	Davidson	-Aar	delle							

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month JOHN CORE 26, 1997 August 4:00 a.m. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Stella Maris Hospice at Mercy Baltimore n/a If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex XXM 2□ F If Under 1 Year 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 288 26 6732 66 Yrs. Director Feb. 21, 1931 West Virginia Usuel Residence of Decedent the Maryland 10e. Stete r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland Baltimore Director 1 Yes ZNo 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 135 C Dunbarton 21212 United States death 12. Wes Decedent Ever in U,S. Armed Forces? XXYes 2 □ No It Yes, Give Yeer or Dates: 11 Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: White þ Specify: 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Federal Government / Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. Supervisor Intellegence 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) . Pages 1 and 2 should be fil ment of Health and Mental H lant: If itam 27 is marked oft jury or other traumatic even Be Ralph 0gden Core Catherine Doran 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patrick J. Core / Son 5011 Boxhill Lane, Baltimore, MD 20e. Method of Disposition 20b. Pieca of Disposition (Name of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from Stete Department of important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 8/27/97 Baltimore, MD 22. Name end Address of Fecility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD Muman 21286 23a. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart teilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final nesimoned diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last P.O. Box 68760. requires that the death certificate be Bhe Due to (or es e consequence of): **USB BB** Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown of Vital Records, þ Completed 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? The law 1 ☐ Yes 2 ☐ No 88 25. Wes case referred to medical 26. Piece of Deeth (Check only one) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 10ther (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 100 HOSPICE 27. Menner ot Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 ∏Yes 2 ∏No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital within 24 hours To the Funeral Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) pleted ca m 23a) (Type, Pr THOMPSON-RICHARDS SHIRLEY 2300 DULANEY VALLEY RD. TIMONIUM, MD 21093 State

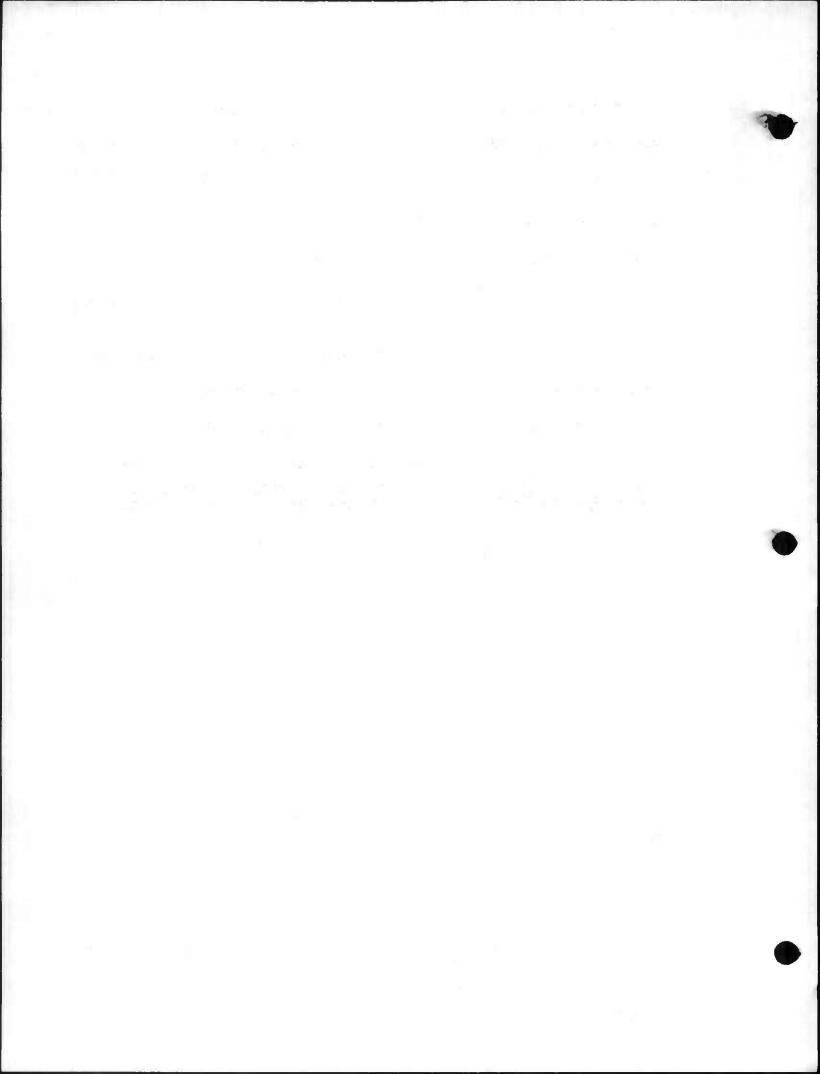
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Registrar



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of I	Marylar		rtment of tificate of		Mental Hy	Reg. No.		5998
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anyland show		Usuel Residence of Deceder 10a. State 10b. Co				ty, Town or Loc	ation		7 1 1 1 2	1913		. Inside City Limits
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Feg ment tant: B		4 Donetion 5 Othe		emoval from Sta		ESAPEA	E CREMA	TORY	8-25	BELTSV	ILLE,	MD
Ball permit Depart Import		21. Signature Funeral Ser	vice License	Hade		SI		ASHTON F	UNERAL H			
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August 25, 1997

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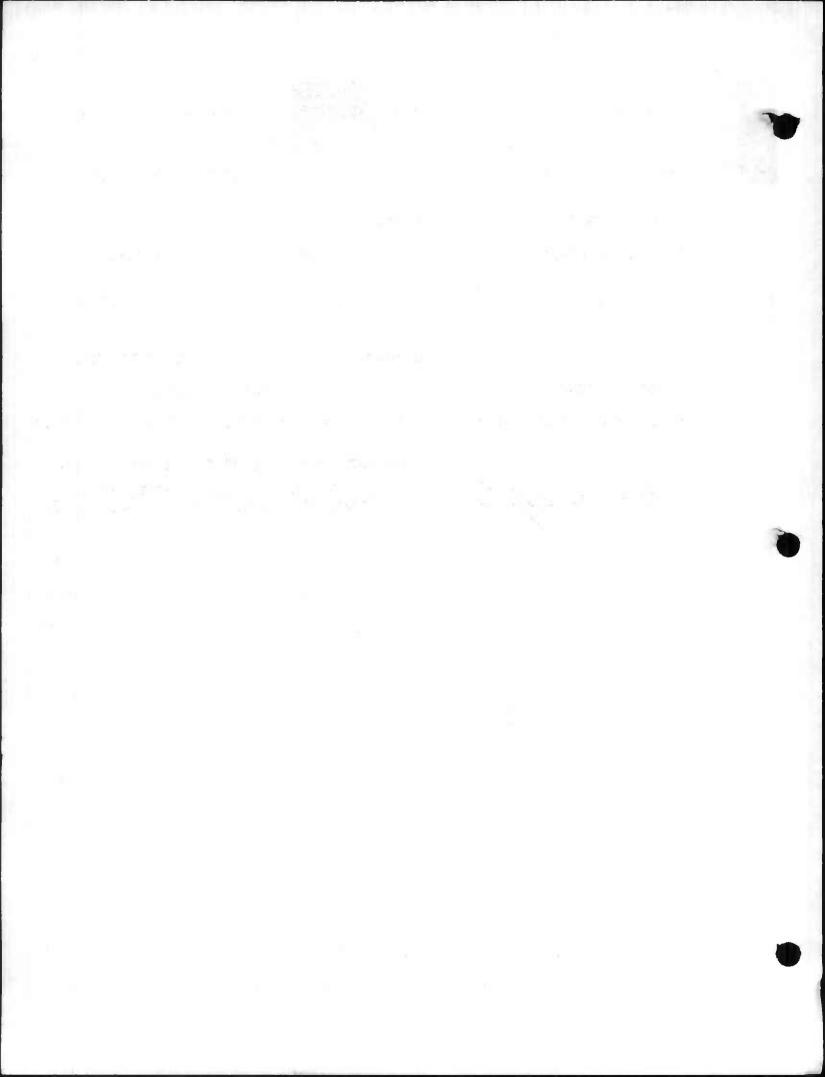
State Registrar Kristine Bienvenu Johns Hopkins Hospital Wolfe St. Baltimore MD

31. Date filed (Month, Dey, Yeer)

AUG 28 1997

Guinn Aurdenn Aunder

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



Physici		1. Decedent's Name (First, Middia, L	ast)		Certif		Joann	2. Deta of Dea	Reg. No.	1 2	3. Time of Deat
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